



NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

THE COUNTY
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1954



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JOHN B. TILLEY, M.D., B.Hy., D.P.H., *County Medical Officer*



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County Medical Officer and Principal School Medical Officer	...	...	J. B. TILLEY, M.D., B.Hy., D.P.H.
Deputy County Medical Officer	...	...	W. MINNS, M.B., B.S., B.Hy., D.P.H.
Maternity and Child Welfare Officer	...	...	JANET M. EDWARDS, M.B., Ch.B., D.P.H.
Senior School Medical Officer	...	...	W. J. PIERCE, M.B., Ch.B., D.P.H.
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Central Area	...	...	CATHERINE B. MCGREGOR, M.B., Ch.B., D.P.H.
East Area	...	...	A. DONALDSON, M.B., Ch.B., D.P.H.
South Area	...	...	MADGE HOPPER, M.B., B.S., B.Hy., D.P.H.
South-East Area	...	...	W. CUNNINGHAM, M.B., Ch.B., D.P.H.
Wallsend Area	...	...	G. M. CUBIE, M.B., Ch.B., D.P.H.
West Area	...	...	J. M. McEWAN, M.B., Ch.B., D.P.H. (Commenced 14th June, 1954.)
Assistant County Medical Officers and School Medical Officers	...	...	MARGARET H. McKEITH, M.B., B.S. (Resigned 5th June, 1954.) ISOBEL J. McLARTY, M.B., Ch.B. (Commenced 1st October, 1954.)
Assistant County Medical Officers (Child Welfare)	...	...	MARGARET F. FRASER, M.B., Ch.B., D.P.H.
Do.	do.	...	MURIEL S. ALEXANDER, M.B., Ch.B., D.(Obstet.) R.C.O.G. (Resigned 30th September, 1954.)
Do.			SHEILA M. E. GREW M.R.C.S. L.R.C.P. (Resigned 10th July, 1954.)
Do.			MARGARET McKENZIE, C.S.M.M.G., M.E., L.E.T., M.S.R., L.R.C.P. & S., C.P.H. (Commenced 12th July, 1954.)
Do.			JEAN ARMSTRONG, M.B., B.S. (Commenced 1st November, 1954.)
Do.			CATHERINE B. SINCLAIR, M.B., Ch.B. (Commenced 22nd November, 1954.)
School Medical Officers	...	...	M. WINIFRED DEWELL, M.B., B.S.
Do.	...	...	ANNA M. REID, M.B., Ch.B., D.P.H.
Do.	...	...	EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H.
Do.	...	...	W. W. BURNETT, M.B., Ch.B., M.R.C.S. L.R.C.P., D.C.H.
Do.	...	...	ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H.
Do.			G. T. W. GOWDIE, L.R.C.P., L.R.C.S., L.R.F.P. & S. (Appointment terminated 30th April, 1954.)

Staff of the Health Department—*continued.*

School Medical Officers	...	...	R. A. MATTHEWS, M.B., B.S., M.R.C.S., L.R.C.P. (Commenced 1st November, 1954.)
Do.	...	...	J. DEEGAN, M.B., B.S. (Commenced 8th November, 1954.)
Chest Physicians	...	...	J. R. BEAL, M.D., D.P.H.
Do.	...	...	J. M. GILMORE, M.D., D.P.H.
Do.	...	...	G. HURRELL, M.D., B.Hy., D.P.H.
Do.	...	...	C. VERITY, M.D., D.P.H.
Do.	...	...	F. L. WOLLASTON, M.R.C.S., L.R.C.P.
Principal School Dental Officer	...	...	A. E. ROBINSON, F.D.S.R.C.S.
Dental Officers	...	...	PATRICIA M. ADAMSON, B.D.S. (Commenced 6th September, 1954.)
Do.	...	...	C. D. ANDERSON, L.D.S. (Commenced 1st December, 1954.)
Do.	...	...	JEANETTE A. BODENHAM, L.D.S. (Commenced 6th September, 1954.)
Do.	...	...	AGNES N. COOK, L.D.S. (Commenced 5th April, 1954.)
Do.	...	...	J. T. COOK, B.D.S. (Resigned 13th January, 1954.)
Do.	...	...	E. T. CUNNELL, B.D.S.
Do.	...	...	A. E. H. DOVE, L.D.S. (Resigned 30th November, 1954.)
Do.	...	...	AUDREY E. ERSKINE, L.D.S.
Do.	...	...	IRENE S. FAITH, L.D.S. (Part-time). (Resigned 25th March, 1954.)
Do.	...	...	HELEN C. GENT, B.D.S.
Do.	...	...	JOSEPHINE T. GRIFFIN, L.D.S. (Commenced 5th January, 1954.)
Do.	...	...	SHIRLEY J. HAGGIE, B.D.S. (<i>nee</i> Mawer).
Do.	...	...	A. E. HURFORD, B.D.S. (Resigned 27th November, 1954.)
Do.	...	...	T. A. IRELAND, L.D.S.
Do.	...	...	W. J. IRVINE, L.D.S.
Do.	...	...	SHEILA M. KENNEDY, B.D.S. (Resigned 28th February, 1954.)
Do.	...	...	MARGARET I. LAMB, L.D.S.
Do.	...	...	SHIRLEY E. LONG, L.D.S. (Commenced 6th September, 1954.)
Do.	...	...	JEAN MUNRO, L.D.S. (Commenced 14th January, 1954.)
Do.	...	...	W. P. NEILSON, L.D.S.
Do.	...	...	MARION J. PATTERSON, L.D.S.
Do.	...	...	W. ROBSON, L.D.S.

Staff of the Health Department—*continued.*

Dental Officers	...	...	...	J. W. RUSSELL, L.D.S. (Commenced 11th January, 1954.)
Do.	...	...	...	S. D. SHAH, L.D.S.
Do.	...	...	...	T. T. SHIELDS, L.D.S. (Commenced 5th January, 1954.)
Do.	...	...	...	S. J. SMITHSON, L.D.S.
Do.	...	...	...	K. WAKE, L.D.S.
Superintendent Health Visitor	...			ANN A. GRAHAM, S.R.N., S.C.M., H.V.Cert.R.S.I.
Deputy Superintendent Health Visitor	...	...	...	MAY FOTHERGILL, S.R.N., S.C.M., H.V.Cert.R.S.I.
Nursing Superintendent and Supervisor of Midwives	...			BARBARA MALLABURN, S.R.N., S.C.M., M.T.D.
Assistant Superintendent of Midwives	...	...	...	MARY GILLILAND, S.R.N., S.C.M., H.V.Cert.R.S.I.
Do.			...	LILIAN LAPES, S.R.N., S.C.M.
Almoners	...	...	...	ELEANOR M. FOSTER, A.M.I.A.
Do.	...	...	...	DOROTHY L. DUNN.
County Sanitary Officer	...		...	D. LISTER, Cert.S.I.B., M.R.San.I., M.S.I.A.
Ambulance Officer	...	...	...	G. D. DICKINSON.
Supervisor of Blind Welfare	...		...	EILEEN METCALFE, Home Teacher's Certificate.
Home Help Organiser	...		...	DOREEN GROSE.
Chief Clerk	...	...	...	G. W. SCOTT.

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TO THE CHAIRMAN AND MEMBERS OF THE NORTHUMBERLAND
COUNTY COUNCIL.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit the Annual Report for 1954, the 62nd in the series of reports of the County Medical Officer, and the 13th that I have presented.

There are many points of interest in the continuing story of improvement in the vital statistics other than those relating to cancer. Once again we can report that the infant mortality rate for the county surpassed its previous low record; this year the rate fell to just over 27 per 1,000 births, and in two county districts was nil. There were fewer cases of infectious disease during the year than ever before in the county and not only has there been no death from diphtheria for 4 years, but no single case of this disease has occurred since 1952. Tuberculosis claimed fewer victims than ever before, and the mortality rate for the county in this instance was lower than that for England and Wales. Though the general death rate may still warrant the appellation "the deadly North," the high tuberculosis mortality in the North East is falling at a most remarkable rate, and this, with the other improvements, must reduce the disparity between this region and the allegedly less mortal South. Modern treatment, preventive measures, improved housing and, not least, prosperity are making Northumberland safer to live in, though the county shares the national experience of increasing mortality from cancer, particularly in men, as the report shows.

Our efforts at prevention in the tuberculosis field continued unabated and, although the number of new cases of tuberculosis notified during the year was increased, this was due to a considerable extent to the rehousing in the county of patients from Newcastle. The Regional Hospital Board's Mass Radiography Units constitute one of the still relatively new preventive methods, and I would draw attention particularly to the survey in Otterburn. During the year the units discovered 37 cases of tuberculosis which otherwise would not have sought treatment and might have infected others.

Although prevention has met with success in several fields, there has been no appreciable improvement in the number of accidental deaths, despite the fact that the number of road deaths in the county was reduced. A very great deal more attention must be given to this subject in the future, and the child welfare centres can play a part in teaching about home accidents. The centres in the county were attended by more children than ever before in 1954 and the section of the report dealing with this, which has been prepared by Dr. Edwards, shows how well the services were maintained. We were able to open at Morpeth the first new clinic to be built since the war; the extended provision of first class premises makes it easier for us to do first class work for the mothers and babies.

The Department was fortunate in maintaining its staff of health visitors throughout the year. Recent years have seen a change in the scope of the health visitor's work, and she has become more concerned than hitherto with the family as a whole and with the elderly. It is interesting to note that the staff paid no fewer than 6,700 visits to old people. The health visitor is concerned, along with other workers, with problem families and the report refers to some of the methods of co-ordinating this work, which must receive increasing attention in the future. To maintain old people in their own homes and to prevent children being taken into the care of public authorities are objects which are of the greatest value, not only from the view point of the humanities but also as a matter of economics. The part of the home help service in this connection must be remembered, and the continued expansion of this service shown in the report obviates the need for much heavier expenditure in other fields.

The provision of radio control for a large part of the ambulance service was an advance that brought many advantages in its train. The value of this method of control in emergencies is so well known as to need little comment, but its flexibility in controlling day to day running has been a considerable asset, and we have been able to deal with an ever increasing number of patients without a proportionate rise in mileage, and with a reduction in journeys.

The services of the Local Health Authority in the mental health field steadily expand, and must play an increasingly important part in community care in the future. Though it was not possible to extend the occupation centre provision during the year, progress was made towards the provision of new centres at Ashington and Bedlington. The authorised officer has often difficult tasks to perform in connection with mental illness, but he is concerned not only with the statutes covering this field; he is increasingly asked to assist in the domestic arrangements and the supervision of those who have come home from hospital or do not need admission. He establishes a valuable link between the hospital, the home, the family doctor and the Welfare Authority, and the cases quoted in the report illustrate this.

Last year I drew attention to the increased number of houses that had been built, and it will be seen from this report that more houses were built in Northumberland in 1954 than ever before. If, however, the housing provision for the new population which has moved into the county from Newcastle is excluded, there was a slight reduction in the number of new houses in other parts of the county. It is, nevertheless, satisfactory that we have now reached the position again where we can cease to use houses which are considered to be unfit for habitation, and that the use of more than 700 such houses was discontinued during the year. Similarly the con-

siderable progress with the provision of water supplies and sewage schemes in the rural areas, bringing improvement in the housing amenities in the country districts, is a matter for satisfaction.

I am particularly grateful to Dr. Minns for his assistance with the preparation of the report, and I wish to record my appreciation of the help I have received not only in 1954 but at all times from Dr. Edwards, Mr. Robinson, Miss Graham and Miss Mallaburn. The continued support of the Chairman and members of the Health Committee has been valued greatly by the Department.

I have the honour to be,

Your obedient Servant,

A handwritten signature in dark ink, reading "John B. Pilleary". The signature is written in a cursive style with a long horizontal flourish extending to the right.

County Medical Officer.



NORTHUMBERLAND COUNTY COUNCIL.

Report of the County Medical Officer of Health for the year 1954.

VITAL STATISTICS.

	Urban Districts.	Rural Districts.	Total.
Area (acres) ...	79,573	1,196,632	1,276,205
Population ...	344,900	101,000	445,900
Rateable Value ...	£2,043,408	£611,813	£2,655,221

BIRTH RATE.

Though the birth rate fell slightly to 16.26 per 1,000 population, it remained higher than the rate for England and Wales. There were 7,250 births compared with 7,272 in 1953. The lowest county birth rate in the last 13 years was in 1952, and the rates for the last two years have been appreciably above the level for that year.

The natural increase in the population due to the excess of births over deaths was some 1,800, though the Registrar General estimated the increase to be 5,300. The balance of 3,500 is due to removals into the county from other areas.

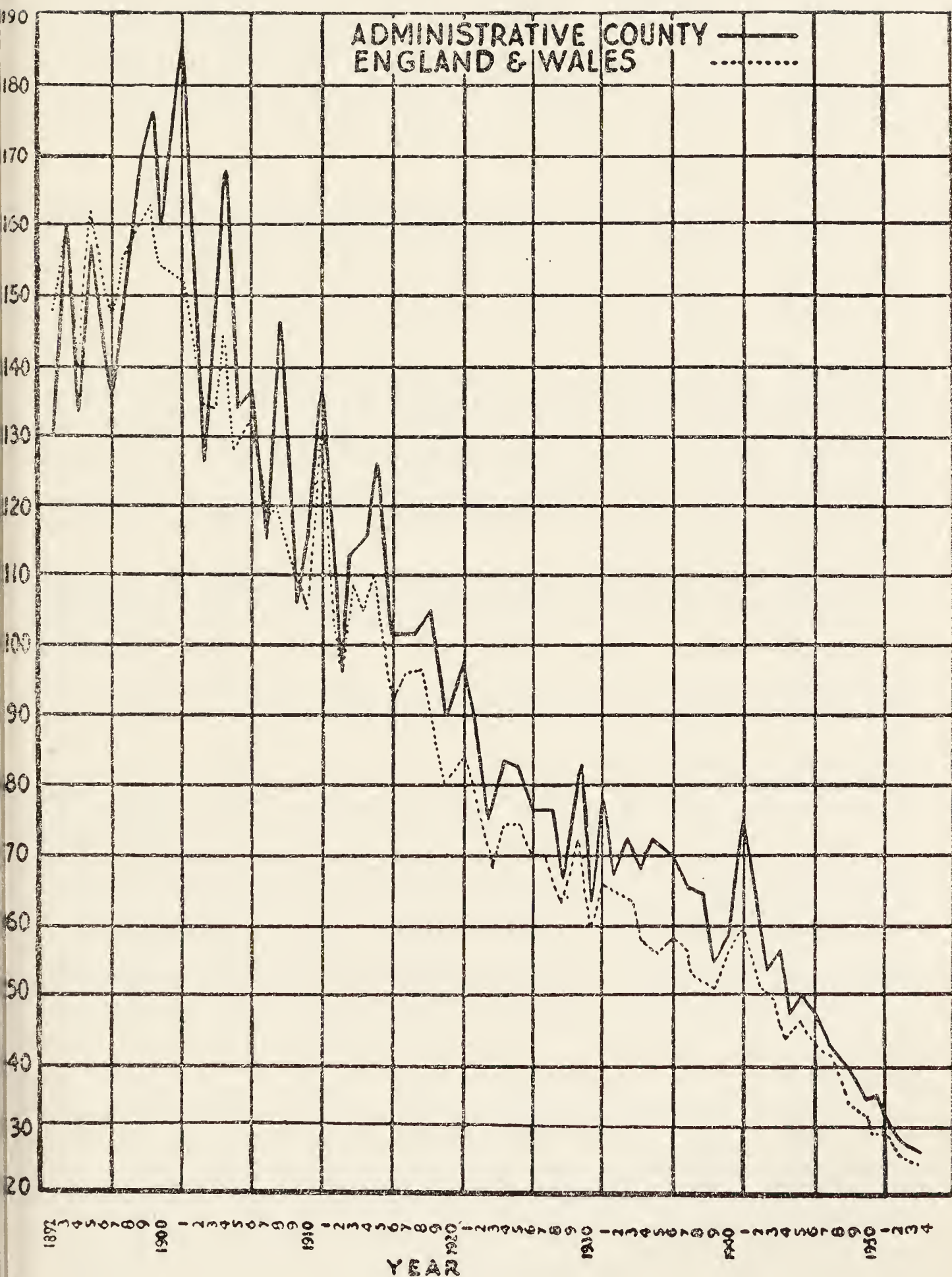
STILL BIRTHS.

The total of 177 still births was exactly the same as in 1953, though with the slight reduction in the total of live and still births the rate was fractionally increased to 23.83. The low level of 1950 has not been reached for 4 years.

INFANT MORTALITY RATE.

Once again it is possible to report that infantile mortality in the county fell to a lower level than ever before. For the first time the number of babies who died before their first birthday was less than 200, and the infant mortality rate was 27.03 per 1,000 live births.

COUNTY OF NORTHUMBERLAND
 INFANT MORTALITY RATES—1892-1954



The graph on page 13 shows the remarkable improvement since the beginning of the century; from it one can see that the rate has been halved even in the last ten years.

The improvement in mortality in the first four weeks of life has not been as great as over the first year as a whole. It must be reported that there were 13 more deaths in this group in 1954 than there had been the year before, and the neonatal mortality rate was increased to 19.03 per 1,000 live births.

GENERAL DEATH RATE.

The crude death rate was increased to 12.23 per 1,000 population, as there were 5,453 deaths. The death rate was again higher in the aggregated rural population than in the urban areas.

For comparison with the figures for England and Wales the crude rate must be adjusted by a comparability factor of 1.03 and the adjusted death rate of 12.59 is appreciably higher than the provisional national rate of 11.3 per 1,000 population. It may be noted that this unfavourable comparison applies to all the areas of Local Health Authorities on either side of the River Tyne.

MATERNAL MORTALITY.

There were eight deaths during the year from conditions associated with pregnancy, and the maternal mortality rate rose to 1.08 per 1,000 live and still births. Thus the rate exceeded 1.0 for the first time for 4 years, but it is clear that the numbers happily are so small that slight variations can materially affect the rate.

PRINCIPAL CAUSES OF MORTALITY.

For some years it has been the custom to review the principal causes of death in the county, and the figures once again show the increased number of deaths from diseases of the heart and arteries which previous reports have shown might be expected. This group of conditions constitutes by far the greatest cause of mortality. Both the morbidity and the mortality attributable to these conditions are associated to a large extent with old age, and as more and more people reach the higher ages the toll of these diseases is unlikely to diminish.

A different view may be taken about cancer where we may hope that some preventive or curative measure may influence the mortality from the conditions in this group, though there is of course no immediate prospect of this relief. More people died from cancer in Northumberland in 1954 than ever before, and the mortality rate which has been rising slowly for at least the past 15 years reached a figure of 1.95 per 1,000 population.

The returns show that more men than women succumbed to malignant diseases; 485 men and 386 women made up the total of 871 cancer deaths. The distribution of the different sites of the condition is of interest:—

Deaths from Cancer.	Males.	Females.	Total.
Malignant Neoplasm :—			
Stomach	87	66	153
Lung, Bronchus	128	17	145
Breast	1	70	71
Uterus	—	37	37
Other Malignant and Lymphatic Neoplasms ..	269	196	465
	<u>485</u>	<u>386</u>	<u>871</u>

The outstanding feature was the increase in mortality from cancer of the lung, for in five years deaths from this cause have increased from 93 to 145. It may be noted that 88% of the fatalities in 1954 were men. Cancer of the lung caused more than twice as many deaths as tuberculosis of the lung, and it is clear that this grave situation makes it essential that research into causation and improvement in treatment must be carried forward to the utmost of our ability. It would also seem prudent to avoid any action which may possibly cause this condition even though absolute proof may be lacking.

The picture is not uniformly black, as since 1950 deaths in the county from malignant disease of the stomach have declined from 174 to 153, and cancer of the uterus caused 37 deaths compared with 50 five years ago. It is not possible to say as yet if these decreases are significant, but at least for the time being they offset to some extent the increasing toll of cancer in other sites.

The remarkable decline in the death rate from tuberculosis was maintained, and further comment on this is made later in the report. This welcome position is offset by the increase in the number of fatal accidents. During the year there were 202 such accidents while five years previously there were only 145 deaths from this cause. It is noteworthy that only 44 out of the 202 deaths were attributable to motor vehicles. By far the majority of fatal accidents occur in the home or at the place of work, and all our efforts should be directed to preventing these unnecessary deaths. When we realise that more people are killed accidentally in a year than are killed by pneumonia, or cancer of the stomach, or tuberculosis and all the infectious diseases put together, it is clear that this is a field of prevention in which it is worth spending much more time and money than we have done in the past.

	1954.		1953.	
	Number of Deaths.	Per- centage of Total Deaths.	Number of Deaths.	Per- centage of Total Deaths.
Heart Disease :—				
Coronary Disease, Angina...	809		756	
Hypertension with Heart Disease	115		113	
Other... ..	1,014		1,050	
	— 1,938	35·68	— 1,919	36·95
Malignant Neoplasm :—				
Stomach	153		182	
Lung, Bronchus	145		119	
Breast	71		63	
Uterus	37		38	
Other... ..	465		434	
	— 871	16·03	— 836	16·10
Vascular Lesions of Nervous System	882	16·23	818	15·75
Bronchitis	186	3·42	192	3·70
Pneumonia	156	2·87	144	2·77
Motor Vehicle and other accidents	202	3·72	197	3·79
Other Diseases of Circulatory System	207	3·81	169	3·25
Tuberculosis :—				
Respiratory	66		71	
Other	7		12	
	— 73	1·34	— 83	1·60
Nephritis and Nephrosis ...	55	1·01	43	0·83
	4,570	84·11	4,401	84·74

INFECTIOUS DISEASES.

The total of 3,500 notifications was the smallest in the history of the county and compared with 6,566 last year. All the important diseases showed a decreased incidence and notable figures are the complete absence of diphtheria for the second year and a fall in whooping cough, measles and dysentery.

The following table shows the incidence and mortality of the chief infectious diseases during the past four years:—

	1954.		1953.		1952.		1951.	
	Notifi- cations	Deaths	Notifi- cations	Deaths	Notifi- cations	Deaths	Notifi- cations	Deaths
Diphtheria ...	—	—	—	—	2	—	2	—
Measles ...	1,483	—	3,943	5	4,997	2	4,648	2
Whooping Cough	1,044	4	1,334	2	707	—	1,418	5
Meningococcal								
Infection ...	21	4	9	3	19	5	26	7
Scarlet Fever ...	303	—	641	—	771	—	626	—
Enteric and Para- typhoid Fevers	7	—	15	—	20	—	6	—
Diarrhoea and								
Enteritis								
(under 5 years)	—	4	—	7	—	11	—	6
Acute Poliomyelitis	35	1	22	2	53	3	12	1
Acute Encephalitis	2	1	2	—	4	—	2	—

Table 6 on page 89 gives details of the notifiable diseases in each county district.

POLIOMYELITIS.

35 cases of acute poliomyelitis and 2 of polio-encephalitis were notified from a number of districts. Seven cases occurred in school children in Whitley Bay, and in Wallsend most of the 6 cases occurred in pre-school children. Two children died in hospital, one from polio-encephalo-myelitis.

The following table shows details of paralytic and non-paralytic cases in borough, urban and rural districts for each quarter of the year:—

	First Quarter.		Second Quarter.		Third Quarter.		Fourth Quarter.		Total.		Total
	P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.	
Boroughs ...	—	—	1	—	12	2	—	—	13	2	15
Urban Districts	—	—	1	—	7	4	3	—	11	4	15
Rural Districts	—	—	—	—	3	1	1	—	4	1	5
Total ...	—	—	2	—	22	7	4	—	28	7	35

There was an even distribution of the sexes, but this year the greatest number were found in children and ages varied from 12 months to 34 years as follows:—

0—5 years	...	...	...	37%
5—15 years	...	...	...	49%
15—25 years	...	...	...	6%
Over 25 years	...	...	...	8%

FOOD POISONING.

There were 49 cases of food poisoning actually notified to District Medical Officers of Health.

In Blyth, during August, five families were infected from corned beef imported from Australia. Dr. Donaldson reported that the organism was a coagulase positive staphylococcus aureus and that infection must have occurred during the canning process.

At the end of the year Dr. McGregor reported an outbreak of poisoning at Lynemouth affecting a number of families. It would appear to have been due to a coagulase positive staphylococcus recovered from cold pressed pork prepared by a local butcher.

In neither outbreak were there cases of serious illness and the remaining cases shown in Table 6 were isolated occurrences spread throughout the year and of no real significance.

VENEREAL DISEASES.

The fall in venereal disease was again noted in 1954. There was a 23% decrease in new cases of venereal disease and in new attendances at the clinic. The table below shows the number of new patients from Northumberland treated in various clinics. The number of venereal conditions treated at the Blyth Clinic has decreased from 88 in 1950 to twelve.

CLINIC.	NEW PATIENTS.		
	Venereal Conditions.	Non-venereal and undiagnosed conditions.	Total.
Newcastle General Hospital ...	118	396	514
Wansbeck Hospital Clinic, Blyth	12	46	58
Tynemouth	9	—	9
South Shields	—	2	2

Prevention of Venereal Diseases.

CONTACT TRACING.

The total number of female contacts sought within the area was 27, involving 28 visits.

It was possible to identify 25 of these, 2 were unco-operative, and 23 attended the clinic, where the following diagnosis was made:—

Syphilis	...	...	...	...	...	Nil
Gonorrhoea	...	...	...	...	...	15
Non-venereal	...	...	...	...	...	7
Not yet diagnosed	...	...	...	...	...	1

TREATMENT DEFAULTERS.

During the year the contact tracer paid 356 visits to treatment defaulters within the area.

Eighteen patients were provided with transport and escorted to the clinic.

ANTE-NATAL SEROLOGICAL TESTS.

There were 3,695 serological specimens submitted from the Department's clinics for examination during the year. One of these showed a positive Wassermann reaction.

Five cases of maternal syphilis who had already received treatment at the clinic prior to pregnancy were persuaded to undergo intensive ante-natal treatment, and the babies born to these patients were subsequently tested and found to be healthy.

TUBERCULOSIS.

Fewer people died from tuberculosis in Northumberland in 1954 than ever before. Of the 73 deaths only 66 were caused by pulmonary tuberculosis, a decrease of 7% on the previous year, and the total of 7 deaths from non-pulmonary disease was only slightly more than half of the previously lowest recorded figure. There has been a really remarkable change in mortality from tuberculosis in the county in the last five years, as there has been in the country as a whole, and previous reports have referred to the factors that have played a part in this improvement. The graph on page 22 shows the death rate since 1900.

It is interesting to note that the death rates for pulmonary tuberculosis and for all forms of tuberculosis, which were 0.15 and 0.16 respectively per 1,000 population, were lower than the provisional rates of 0.16 and 0.18 per 1,000 for England and Wales.

Though as previously more men than women died from the disease, there were 17 fewer male deaths than in 1953. Unfortunately, there was an increase of 7 in the number of female deaths. Half of the mortality among women fell in the child bearing period, and this remains a factor of some significance. Nevertheless, tuberculosis is becoming less and less a disease taking its toll in adolescence or early adult life. There was no death from pulmonary tuberculosis, and only one death from non-pulmonary disease under the age of 15 years; this is a new record for the county. 60% of the mortality occurred over the age of 45, and 20% over the age of 65 years.

In last year's report I referred to the increasing pool of potentially infectious patients who now return to live in the community who would previously have died. Despite the fact that the risks to the population at large are greater from the unknown than the known case of tuberculosis, this increase may represent a risk of the spread of infection, though present day chemotherapy considerably reduces this risk. The evidence in the region shows a decline in incidence which seems to show that the risk is not of great magnitude, but at first sight the figures for notification of new cases of tuberculosis in the county seem to show a severe set-back.

There were 556 notifications of pulmonary tuberculosis, an increase of 76 on the previous year and the highest figure for ten years. Out of this total, however, there were 96 transfers from Newcastle, 10 to Gosforth, 59 to Longbenton and 27 to Newburn. This largely represents the rehousing of tuberculous patients in the new housing estates in the county from unsatisfactory conditions in the city. If the remaining 49 transfers are excluded, it is seen that some 411 new pulmonary cases were detected in the county who most probably developed infection in the area. This figure cannot easily be com-

pared with figures for previous years, but it seems that there is no evidence of a marked spread of tuberculous infection in the county population, though the number of known cases of tuberculosis in the community was increased by 145 during the year by the movement of infected persons into the county.

Although there was a slight fall in the number of new cases of non-pulmonary disease, the incidence here declined as rapidly as anticipated, as 14 out of 101 new cases were transfers into the area. There has been a great increase in the consumption of tuberculin tested and pasteurised milk in the county in recent years, and it seems reasonable to think that infection with the bovine form of the tubercle bacillus has declined as 68% of the new cases were over the age of 15 years.

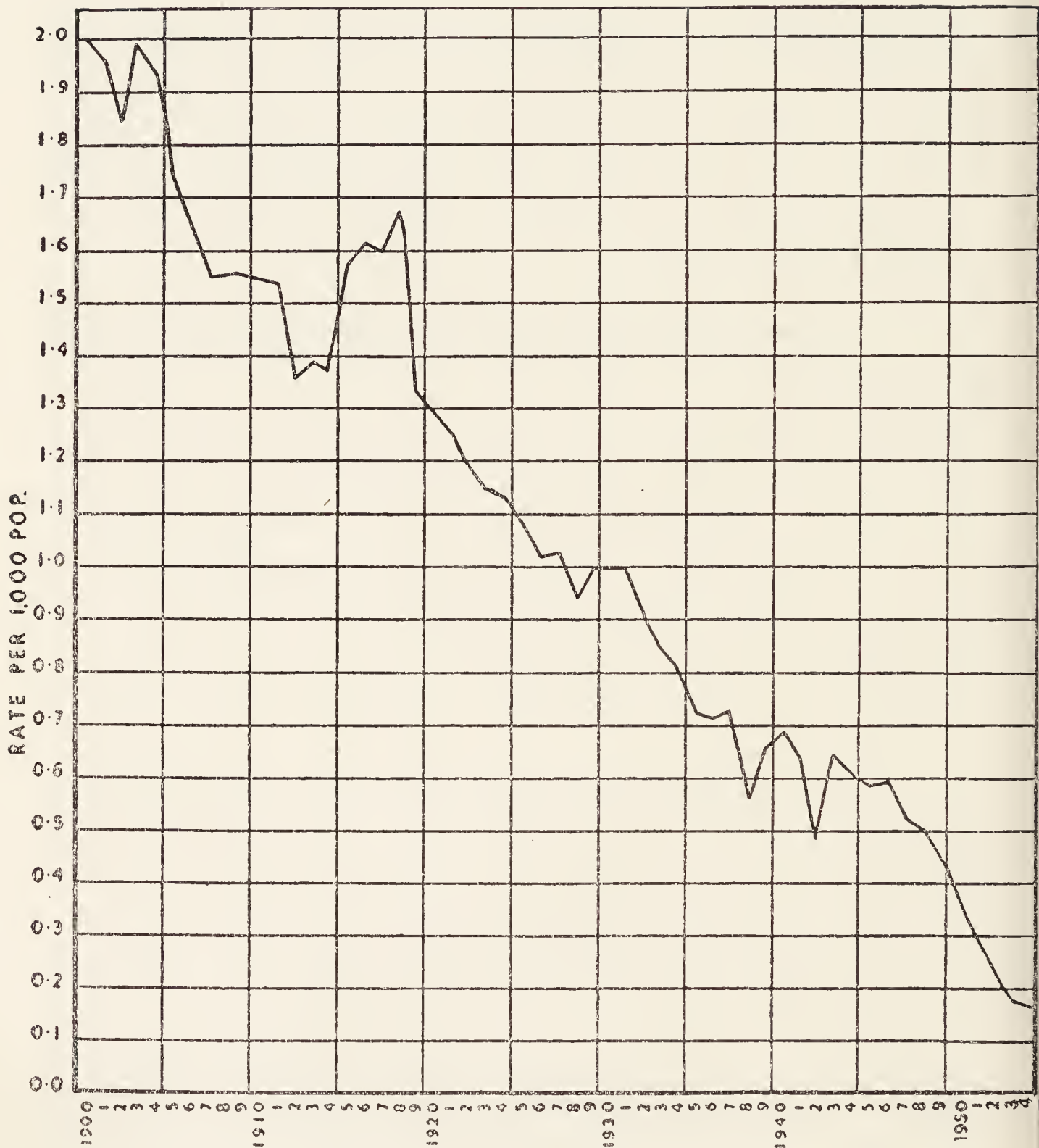
There were 10 cases of tuberculous meningitis among the newly infected, and 2 of these proved fatal. The details of the cases are shown below:—

		Age Period.—Years.						Totals.
		0—	1—	5—	15—	45—	65 and up-wards.	
Notifications :—								
Male ...	...	—	2	—	2	—	—	4
Female ...	...	—	1	1	4	—	—	6
Total ...	...	—	3	1	6	—	—	10
Deaths :—								
Male ...	...	—	1	—	1	—	—	2
Female ...	...	—	—	—	—	—	—	—
Total ...	...	—	1	—	1	—	—	2

In addition to the above, one male aged 43 years was notified as suffering from tuberculous meningitis in addition to pulmonary tuberculosis. One 45 year old male suffering from pulmonary tuberculosis also had tuberculous meningitis at the time of his death.

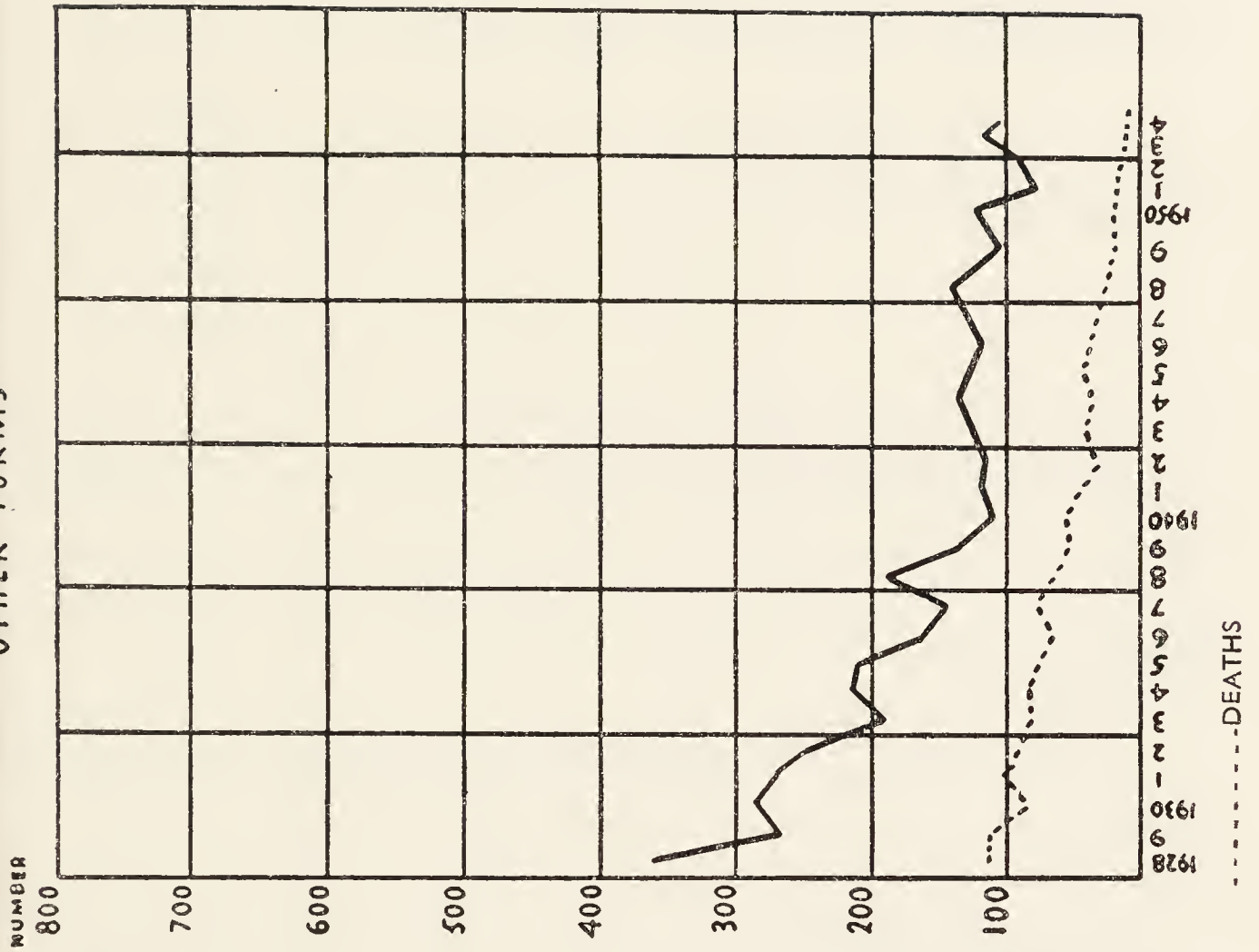
The tuberculin testing of school entrants was continued in an effort to trace sources of infection, and, although no action was possible in 1954, at the time of writing this has been extended to 13 year olds at school in connection with B.C.G. vaccination.

TUBERCULOSIS—ALL FORMS
TREND OF DEATH RATE—YEARS 1900 TO 1954.

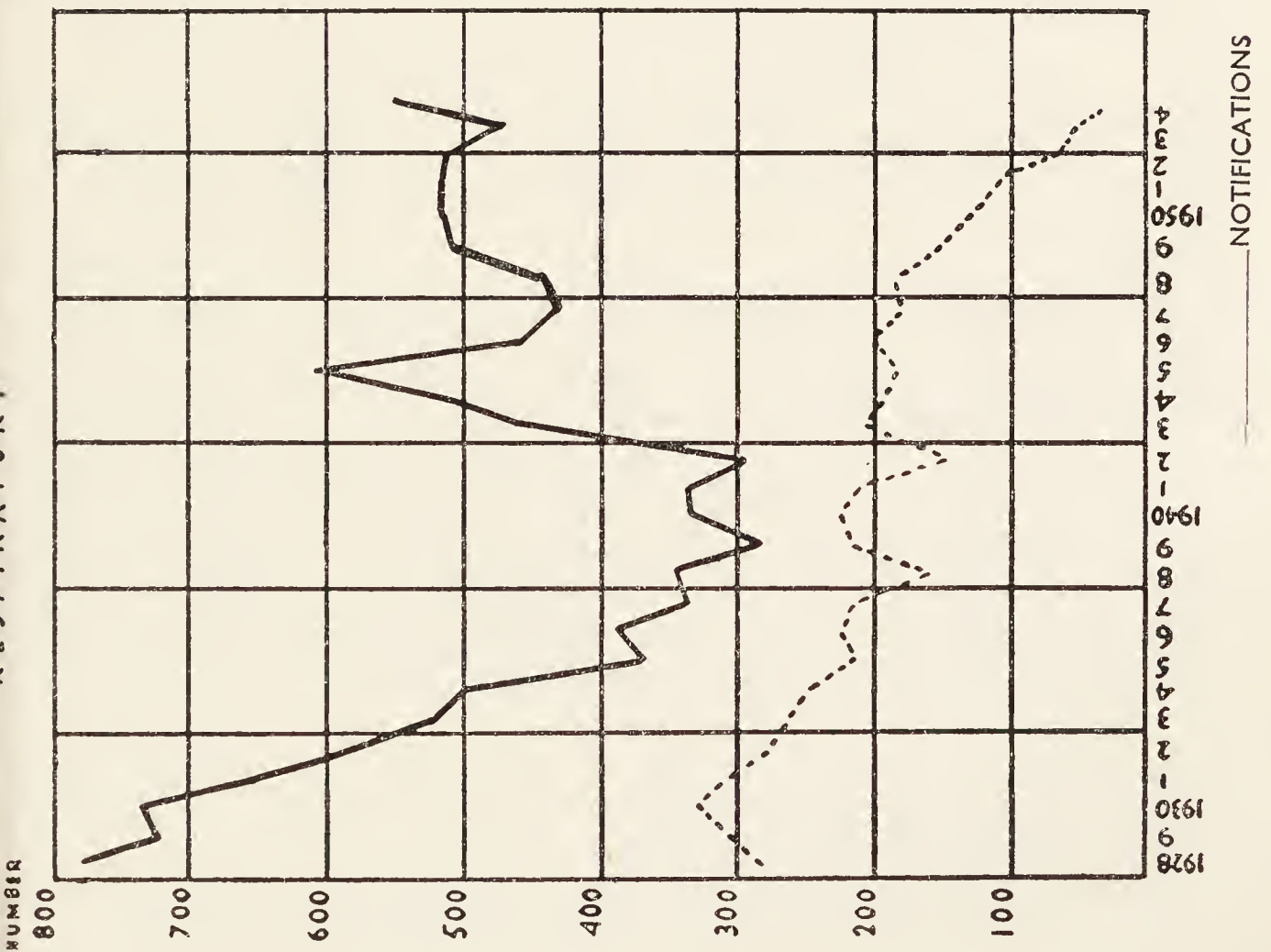


TUBERCULOSIS.

OTHER FORMS



RESPIRATORY



B.C.G. VACCINATION.

The scheme for B.C.G. vaccination of contacts was maintained and the numbers vaccinated are shown below:—

Dr. J. R. Beal	...	...	...	...	95
Dr. J. M. Gilmore	...	...	...	...	253
Dr. G. Hurrell	...	...	...	...	10
Dr. C. Verity	...	...	...	...	12
Dr. F. L. Wollaston	...	...	...	...	65
					435

Chest Clinic Service.

The Chest Physicians have kindly given me copies of their annual reports and from these the following facts have been extracted.

SOUTH-EAST NORTHUMBERLAND AREA.

WALLSEND CHEST CLINIC (population 49,130).

Statistics.

The total of 427 new patients compared favourably with 591 last year, 756 in 1952 and 836 in 1951. There was a similar reduction in the number of cases of tuberculosis from 79 to 67.

The 63 new cases together with 4 contacts of cases diagnosed as tuberculous were classified as follows:—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	12	11	6	29	7	5	1	13	42
T.B. Plus	13	11	1	25	—	—	—	—	25
Total ...	25	22	7	54	7	5	1	13	67
Total 1953	32	28	9	69	2	3	5	10	79

There were 389 cases on the register at the end of the year compared with 376 last year and, of these, 336 were classified as pulmonary cases and 210 were in the group T.B. + . Of this number only 45 were known to have had a positive sputum within the preceding six months and 23 of these persons were living at home.

Contacts.

205 new contacts were examined and x-rayed at the clinic and a further 108 were x-rayed alone.

437 old contacts continued under surveillance and another 823 contacts were seen by the Mass Miniature Radiography Unit.

This total of 1,573 contacts is equivalent to 4 per case on the register.

Four new cases of pulmonary tuberculosis were diagnosed among the contacts.

Tuberculin Testing and B.C.G. Vaccination.

216 child contacts were tested and 84 (38%) gave a negative result. 62 of these children were vaccinated with B.C.G. vaccine as were seven Mantoux negative hospital nurses.

Tuberculin Testing of School Children.

Mantoux testing of children first entering school was continued by Dr. Cubie and his staff and positive reactors and their families were followed up by the Chest Clinic. In all, 33 children were Mantoux test positive. One of these was already known and 6 were known to be contacts of a case of tuberculosis. Of the remaining 26, 25 were x-rayed with parental approval and in 15 cases the film showed the lung fields to be within normal limits. The remainder showed healed scars on the x-ray film. Of 94 persons in contact with these children, as many as 29 declined to be x-rayed and, as a result, a source of infection could not be traced.

After-Care.

The arrangements detailed in the last report have continued with most satisfactory results.

Deaths.

14 patients on the clinic register died during the year.

TYNEMOUTH CHEST CLINIC (population 45,210).—Whitley Bay Borough 32,210, Seaton Valley Urban District (part of) 13,000.

Statistics.

Dr. Beal reports that only 661 new cases were referred to the clinic compared with 928 in 1953. These figures include cases from the 66,800 population who reside in Tynemouth Borough. In the county 34, compared with 49 last year, were diagnosed as tuberculous. These were classified as follows:—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	6	7	—	13	5	3	1	9	22
T.B. Plus	9	3	—	12	—	—	—	—	12
Total ...	15	10	—	25	5	3	1	9	34
Total 1953	22	16	3	41	1	4	3	8	49

There was a steady fall in all types of cases last year, and the absence of pulmonary tuberculosis in children and the decrease in the sputum positive group from 18 to 12 were particularly pleasing.

The total register for the whole population increased from 668 to 690. Of the 73 patients who were known to have had a positive sputum during the past 6 months, 13 lived in Whitley Bay and 6 in the part of Seaton Valley catered for by the clinic.

Contacts.

Two new cases of pulmonary tuberculosis were identified while examining contacts of new cases.

Tuberculin Testing and B.C.G. Vaccination.

Tuberculin testing of child contacts was continued and, of 80 tested, 32 (40%) gave a negative reaction and 23 were subsequently successfully vaccinated.

Tuberculin Testing of School Children.

The School Medical Officers commenced the Mantoux testing of five-year-old children and 16 who were tuberculin positive were referred to the Chest Clinic and the contacts of these children invited to attend for x-ray films. Unfortunately two whole families and five other persons did not bother to attend and possible sources of infection may have been missed.

After-Care.

The arrangements given in last year's report were continued and the help of the After-Care Sub-Committees was very valuable.

Deaths.

10 deaths occurred during the year.

NEWCASTLE UPON TYNE CHEST CLINIC, NEW BRIDGE STREET; GOSFORTH, LONGBENTON AND CASTLE WARD DISTRICTS (population 69,800).

Statistics.

From the quarterly figures submitted 141 new cases were referred to the Chest Clinic compared with 108 last year. These cases were divided as follows:—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
Total	50	55	23	128	3	5	5	13	141
Total 1953	43	38	2	83	11	5	9	25	108

No comment is made by the Chest Physician on the increase in the number of children seen nor on the number of these cases in the T.B. + group, so that it is not possible to compare these figures with other chest clinics.

A total of 317 patients was considered infectious or potentially infectious at the end of the year.

Contacts and B.C.G. Vaccination.

379 new contacts were seen during the year and 9 new cases of tuberculosis were diagnosed. There were 99 negative reactors to the tuberculin skin test but only 12 of these persons took advantage of B.C.G. vaccination. This is a very disappointing result compared with almost 100% vaccination in most other chest clinics in the county.

NEWCASTLE UPON TYNE CHEST CLINIC, 167, ELSWICK ROAD; NEWBURN URBAN DISTRICT (population 21,790).

Statistics.

A total of 31 new cases was referred to the clinic and the distribution into groups is given below:—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	9	6	2	17	—	3	2	5	22
T.B. Plus	3	4	2	9	—	—	—	—	9
Total ...	12	10	4	26	—	3	2	5	31
Total 1953	15	13	—	28	—	3	—	3	31

On the register there were 101 infectious cases living in their own homes.

Contacts.

132 new contacts were examined or x-rayed and among these were found two cases of tuberculosis.

83 old contacts were re-examined without any disease being diagnosed.

Tuberculin Testing and B.C.G. Vaccination.

Of the child contacts who were tested with tuberculin, ten gave a negative reaction and were vaccinated with B.C.G. vaccine.

WEST NORTHUMBERLAND AREA.

HEXHAM CHEST CLINIC (population 52,000).

Statistics.

There were 45 notifications of respiratory and 6 of non-respiratory tuberculosis during the year. The distribution into groups is shown below:—

	PULMONARY				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	12	9	—	21	2	—	4	6	27
T.B. Plus	12	11	1	24	—	—	—	—	24
Total ...	24	20	1	45	2	—	4	6	51
Total 1953	20	10	3	33	3	2	4	9	42

There was an increase in the number of cases of female pulmonary tuberculosis and a further decrease in the non-pulmonary disease.

Contacts.

287 new contacts of these 51 cases were x-rayed and examined and one case of tuberculosis was diagnosed. In addition, 123 old contacts were re-examined and 3 cases of tuberculosis found.

Tuberculin Testing and B.C.G. Vaccination.

Tuberculin testing of child contacts was carried out with parental approval and 64 were found to give a negative response. 56 of these were successfully given B.C.G. vaccination and their response converted to a positive one.

NORTH NORTHUMBERLAND AREA.

Four chest clinics cover the north of the county and there are a total of 10 sessions held each week by Dr. Gilmore and his assistant, Dr. Kronenberger.

There was a slight increase over the whole area in the number of notifications; 191 compared with 180 in 1953 and 249 in 1952.

The number of cases on the combined tuberculosis registers increased from 1,315 to 1,396.

Care and After-Care.

Close liaison was maintained with the various After-Care Sub-Committees and from this source help in the form of nursing requisites and extra nourishment was readily obtained.

Liaison was also close with the National Assistance Board in connection with statutory allowances and with the Disablement Resettlement Officers concerning employment problems.

11 patients were admitted to Shoreston Hall Convalescent Home for a period of convalescence.

The occupational therapist was asked to visit patients in their homes for instruction in diversional therapy.

Housing.

Local authorities were co-operative in the rehousing of tuberculous patients and all housing problems were dealt with sympathetically.

B.C.G. Vaccination.

Regular clinics were held in all areas and, though the number of vaccinations has naturally decreased, the number requiring their yearly follow-up examination is now high.

A total of 290 new contacts and 5 hospital staff attended for tuberculin test and the 253 negative reactors were all vaccinated.

This was an excellent result and very praiseworthy.

BLYTH CHEST CLINIC (population 57,270).

Statistics.

The number of new cases referred to the clinic decreased to 282 and there was a drop in notifications to 73 during the year. The total number of cases on the register increased from 558 to 590 due to the steady fall in the death rate noted for the past few years. The new cases were classified as follows:—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	19	13	12	44	3	3	—	6	50
T.B. Plus	9	14	—	23	—	—	—	—	23
Total ...	28	27	12	67	3	3	—	6	73
Total 1953	26	34	13	73	4	2	1	7	80

Contacts.

541 new contacts were examined or x-rayed during the year and 6 new cases of tuberculosis identified.

B.C.G. Vaccination.

Tuberculin testing of 139 contacts resulted in 111 negative reactors being traced and all these persons accepted B.C.G. vaccination.

ASHINGTON CHEST CLINIC (population 95,000).

Alterations including the provision of new x-ray plant and an Odelca miniature camera were completed here and the clinic was closed from June to September. Patients were seen at Blyth Clinic.

Statistics.

506 new patients were seen compared with 715 in the previous year, but notifications have increased from 59 to 76 and, as a result of a slight increase in the number of deaths, there was still an increase from 490 to 534 persons on the tuberculosis register. The 76 new cases were classified as follows:—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	13	12	4	29	2	5	2	9	38
T.B. Plus	22	16	—	38	—	—	—	—	38
Total ...	35	28	4	67	2	5	2	9	76
Total 1953	25	19	3	47	—	6	6	12	59

Contacts and B.C.G. Vaccination.

239 new contacts were seen and two were found to have active tuberculosis.

All 79 contacts who were negative reactors to the tuberculin skin test were vaccinated with B.C.G.

ALNWICK CHEST CLINIC (population 34,000).

Statistics.

232 new patients were seen and examined during the year and 31 new cases were distributed as follows:—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus	5	4	2	11	2	6	1	9	20
T.B. Plus	4	7	—	11	—	—	—	—	11
Total ...	9	11	2	22	2	6	1	9	31
Total 1953	14	8	3	25	—	6	—	6	31

The number of cases on the register remained the same at 166.

Contacts and B.C.G. Vaccination.

165 new contacts were seen and no cases of active tuberculosis were detected. 44 persons who gave a negative tuberculin skin test were vaccinated with B.C.G.

BERWICK CHEST CLINIC (population 20,000).

Statistics.

52 new cases were referred to the clinic compared with 75 last year and eleven cases of tuberculosis were diagnosed as follows:—

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Chil- dren.	Total.	M.	F.	Chil- dren.	Total.	
T.B. Minus	2	1	1	4	—	—	1	1	5
T.B. Plus	2	4	—	6	—	—	—	—	6
Total ...	4	5	1	10	—	—	1	1	11
Total 1953	4	1	1	6	—	3	1	4	10

The number of cases on the register remained almost the same as last year.

Contacts and B.C.G. Vaccination.

26 new contacts were dealt with; all had normal x-ray films and all 14 negative reactors to the tuberculin test were successfully vaccinated with B.C.G.

Mass Miniature Radiography.

The following figures relating to surveys carried out in the county have been extracted from the full report by Dr. J. R. Beal of the work of Mass Miniature Radiography Unit No. 2.

Apart from a small tour of South Shields, Hebburn and Boldon Colliery, and a visit to the Princess Mary Maternity Hospital in Newcastle, the unit spent most of the year in Northumberland and included some weeks' work in North Shields.

A total of 26,700 small films were taken and 644 persons were recalled for large films. Thirty-seven new cases of active tuberculosis were discovered compared with 45 new cases last year.

A long time was again spent in Wallsend and nearly 10,000 people had an x-ray film of their chests out of a total population of nearly 50,000. From this survey eleven men and two women were found to have active tuberculosis. Three hundred and forty-eight cases

of inactive tuberculosis were noted and there were in addition forty cases of inactive post primary tuberculosis.

A special survey was undertaken in Otterburn in May, when, out of a total population of just over 900, 760 people were filmed, one of the highest percentages (84.4) ever achieved during a public session. At the same time skin tuberculin tests were also performed on all willing members of the population from babies to adults and, with the help of Chest Physician, Doctors, Health Visitors, District Nurses, School Teachers and other volunteers, a most informative survey was completed. An excellent article on the survey was published by Dr. Carstairs, Wooley Sanatorium, in the medical press.

Details of the visits made and the number and percentage of cases of new tuberculosis and other chest diseases diagnosed will be found in Table 11.

Prevention of Illness, Care and After-Care.

There was no change in the organisation of After-Care Sub-Committees given in last year's report and the work at the clinics, at the hospitals and in the patient's home has continued with the help of the Chest Physicians and the Almoners, Miss Foster and Miss Dunn, and the part-time Almoners from Newcastle Corporation, Miss Woll and Miss Robson.

Close liaison is maintained with the officers of the National Assistance Board, the Ministry of Labour and other interested bodies and as a result a number of men were admitted to Industrial Rehabilitation Units and Government Training Centres for short periods. The resettlement of tuberculous persons in employment has continued to occupy the Almoners and during the year work was found by various means for 112 patients.

Convalescent holidays for both those suffering from tuberculosis and from other diseases were again well provided by Area After-Care Committees and a total of 58 persons benefited from such a holiday.

Extra nourishment in the form of milk, help with clothing and bedding, with nursing equipment and with comforts was provided from the County Fund as well as from voluntary funds and details of such work is given in Table 12 on page 95.

OCCUPATIONAL THERAPY.

During the first six months of a very successful year the occupational therapist carried on single-handed and, as previously, dealt mainly with tuberculous patients. Two encouraging exhibitions of patients' work were held and were of great benefit to everyone concerned.

In October a second occupational therapist was appointed to assist with the scheme, which was expanded to include the more urgent physically handicapped cases. With this increase in new types of patients, new activities were introduced to suit individual needs.

Lampshade making became very popular and experiments have been made with various new materials for covering. Brocade and raffia cut down the material costs; strong wallpaper is also very attractive and tones in with room decorations.

Weaving is still the most popular activity, the more advanced pupils making fine afgahlaine tartan and complicated pattern weaving.

The older spastic cases present the greatest problem, the children being employed with raffia work, but this does not have the same appeal to the adults.

Some of the disabled housewives were given advice about gadgets which they could use to make their daily tasks less tiresome. Other patients were taught how to dress themselves and be independent of their parents who had always been too ready to help them. After achieving such things, their morale is lifted and they are able to face life with more enthusiasm. It is gratifying that the majority of patients co-operated, and the suggestions put to them were usually favourably received.

At the end of the year 205 patients had had some therapy and 131 patients received 1,266 visits in their homes during the year.

HEALTH EDUCATION.

The medical and nursing staff have continued to spread health information to as many of the general public as possible by the arrangement of public lectures and demonstrations in county villages, in schools and in child welfare centres.

The section of this report dealing with health visiting gives in some detail the efforts that have been made by the nurses, and the assistance of the film projector and the film strip instruments has been of great value.

The Council has continued to support the Central Council for Health Education and good use was made of their posters and pamphlets.

Series of classes in mothercraft were organised in the senior schools and the first series of lectures in a British Red Cross Society course on the prevention of accidents in the home was given by a member of the staff.

Much more education can still be given in the schools on all health subjects with greater assistance from staffs, and it is hoped that a greater demand for lectures on positive health will be forthcoming in the future.

ROAD SAFETY.

The Chief Constable has produced a most comprehensive and instructive report on road accidents in the county and the following figures are quoted in his report.

The overall number of accidents involving personal injury showed an increase of 401 over last year's totals. This was in accord with the general accident rise over the country.

The number of persons killed on county roads was 41, an improvement from the total of 55 last year but including 8 children under 5 years old compared with 5 last year.

It is tragic to have to note that more people were killed on county roads last year than have died from poliomyelitis during the last ten years and more children were killed in one year than have died from diphtheria since 1947.

The Chief Constable states that, of the eight very young children who were killed, two were riding tricycles which got out of control, three ran on to the roadway into the path of moving vehicles and three were run over by delivery vans moving away after making deliveries in housing estates. Great care by drivers and constant supervision by parents are required to prevent this tragic waste of life.

So far as adults are concerned, the careless crossing of roads by pedestrians was responsible for 364 accidents, more than any other single cause.

Still further intensification of instruction in schools on road sense and endeavours to improve the standard of driving and behaviour of road users are required if this preventable cause of morbidity and mortality is to decline.

MATERNITY AND CHILD WELFARE SERVICE.

Child Welfare Centres.

The attendances at the child welfare centres during 1954 differed from those in previous years, in that the total number of children attending showed an increase, but the number of attendances made was less than in the previous year. It would appear that mothers are now making more intelligent use of the centres—they no longer attend so frequently for routine weighing, but are more regular in their attendances for special and birthday consultations. Two new centres in rural areas were opened during the year, the total number operating being 95.

The following table sets out the numbers attending and consultations given during the year, together with comparative figures for previous years:—

Year.	No. of Centres.	No. of half-day sessions held.	Total No. of children attending.	Total attendances.
1950	83	4,978	19,456	118,425
1951	89	5,215	21,558	120,345
1952	93	5,295	22,078	123,734
1953	93	5,346	22,689	127,837
1954	95	5,478	22,789	122,431

The first new clinic erected by the County Council since the war—that at Morpeth—was opened during the year. Work was begun on the clinics to be erected at Whitley Bay and Haltwhistle and the extensions at Prudhoe and Gosforth were completed.

As the work of the health visitor changes, the provision of clinics, especially in large housing estates and populous areas, becomes ever more necessary. A well-planned clinic is no longer a building wherein medical and dental consultations and advice are given and treatment is carried out. It is a centre for the medico-social work of the area and a meeting place for the various officers engaged in that work. It is also a focal point at which the residents of the area can contact the health visitor and consult her about their special problems and difficulties. The liaison between the various sections of the health services, which is so necessary for their successful operation, should be fostered by the existence of such centres. It is hoped that as more of them become available, both the general practitioner and the hospital services, will co-operate more fully with the preventive services in their use.

Ante-Natal Clinics.

There was a slight fall in the number of mothers attending the ante-natal clinics, commensurate with the fall in the number of births during the year. No new clinics were opened. A total of 5,996 women, of whom 4,598 were attending for the first time, made 21,750 attendances during the year. As in the previous year approximately 80% of expectant mothers in the area attended the clinics. If the general practitioners, who are in attendance at 75% of the clinics, made fuller use of them, this figure could be still further increased. It is not intended that the work carried out should supplant that of the practitioner at his surgery or in the home of the patient. The primary purpose of the clinics is the health education of the expectant mother and to provide a common meeting ground for the doctor, midwife and health visitor, all of whom are interested in her care.

The figures for attendances over the past five years were as follows:—

Year.	No. of Expectant Mothers attending.	Total No. of attendances.
1950	5,800	20,337
1951	5,583	19,318
1952	5,896	22,053
1953	6,041	22,125
1954	5,996	21,750

Post-Natal Clinics.

The proportion of mothers who received post-natal examinations during the year was exactly comparable with that in the previous year. During 1954 there were 22 less births than in 1953, and 22 less mothers were examined than in the previous year.

The attendances over the past five years were as follows:—

Year.	No. of mothers attending.	Total No. of attendances.
1950	1,224	1,362
1951	1,294	1,356
1952	1,634	1,737
1953	1,616	1,813
1954	1,594	1,807

These numbers are by no means satisfactory. Persuasion of mothers to recognise the importance of post-natal care is uphill work, but it must be remembered that it took many years to educate them on the value of ante-natal care. Realisation of the importance of post-natal examination is of comparatively recent growth.

Consultant Clinics.

There was a decided increase in the numbers of mothers and pre-school children undergoing ophthalmic examination, but a fall in numbers attending the other specialist clinics.

The comparative figures over the past five years were as follows:—

Year.	Ophthalmic.	Orthopaedic.	Speech Therapy.	Child Guidance.
1950	256	286	5	2
1951	429	326	22	2
1952	659	314	37	4
1953	716	460	26	6
1954	935	422	18	3

The numbers which have fallen may be explained by the fact that, owing to vacancies on the staffs of the orthopaedic and speech therapy departments, the services were not fully maintained during the year.

Immunisation.

Immunisation of pre-school children against diphtheria and whooping cough at child welfare centres was maintained during the year. The numbers of completed immunisations over the past five years were as follows:—

Year.	Diphtheria.	Diphtheria and Pertussis combined.	Total (Columns 1 and 2).	Pertussis only.
1950	4,686	1,206	5,892	214
1951	5,139	1,501	6,640	258
1952	4,943	1,600	6,543	289
1953	6,198	834	7,032	903
1954	5,384	1,012	6,396	1,441

It will be noticed that the numbers of mothers who wish to have their children protected against pertussis is increasing. This disease is now much more familiar to them than diphtheria and therefore assumes more alarming proportions in their minds. This may be taken as an indication of the success of the measures taken to combat the prevalence of the latter disease. Nevertheless, immunisation against diphtheria of at least 80% of children under the age of one year remains one of the most important aims of the preventive services.

Ultra-Violet Light Clinics.

As in 1953, these clinics were operated only during the winter months. The numbers attending compared with those over the previous four years, were as follows:—

Year.	New Cases Attendances.			Old Cases Attendances.			Consultations with Medical Officer.
	Under 5 years.	5—15 years.	Over 15 years.	Under 5 years.	5—15 years.	Over 15 years.	
1950	574	308	21	7,920	3,345	365	1,088
1951	569	155	32	8,384	1,864	406	92
1952	417	131	33	6,039	1,924	449	61
1953	378	188	46	5,498	2,677	505	117
1954	220	177	34	4,915	2,651	734	56

Maternal Mortality.

During the year, in a total of 7,427 registered births, eight mothers died as a result of pregnancy or confinement. The maternal mortality rate was 1.08 per thousand total births compared with 0.80 in 1953. The corresponding rate for England and Wales was 0.69 per thousand total births.

One death, included in these statistics, actually occurred in 1953, but, owing to a delayed inquest, the cause was not certified until the current year. Six of the mothers who died were delivered in hospitals and died there.

The causes of death were as follows:—

1. (a) Pulmonary Oedema.
(b) Eclampsia.
2. (a) Severe uterine haemorrhage due to placenta praevia accreta and shock.
3. (a) Pulmonary Embolism.
(b) Caesarean Section.
(c) Placenta Praevia.
4. (a) Streptococcal Septicaemia following self-induced abortion.
5. (a) Acute Pulmonary Oedema.
(b) Mitral Stenosis.
(c) Acute Bacterial Endocarditis.
(d) Pregnancy and Labour.
6. (a) Pulmonary Embolism.
(b) Caesarean Section.
(c) Essential Hypertension and Pre-eclamptic toxæmia.

7. (a) Acute Renal Failure.
(b) Toxaemia of Pregnancy.
8. (a) Shock and Pulmonary Embolism in an attempt to secure abortion.

Day Nurseries.

Attendances at Day Nurseries continued to be unsatisfactory and it was necessary to close the nursery in Prudhoe. The whole question of nursery accommodation came under discussion and, while a final decision was not reached, it was considered after full investigation that circumstances warranted a continuation of this service in Alnwick and Wallsend on a temporary basis.

Registration of Births.

There were 22 less births in the County than in the previous year. The number of registered births was 7,427, compared with 7,449 in 1953. This total included 7,250 live births and 177 still births. A total of 5,008, or 67% of the total births took place in hospital, compared with 69% in the previous year.

Still-Births.

The number of still-births during the year was 177, the same number as in 1953. As the total births were less, the rate for 1954 was slightly higher than in 1953—23.83 per thousand total births in the former year compared with 23.76 in the latter year. The corresponding rate for the whole of England and Wales was 24 per thousand total births, so that the rate in Northumberland, although slightly increased from the previous year, was nevertheless slightly below the national average.

Neo-Natal Mortality Rate.

The total number of neo-natal deaths, i.e., deaths occurring before the end of the fourth week of life was 138, giving a rate of 19.03 per thousand live births. The rate in the previous year was 17.19. The corresponding rate for England and Wales in 1954 was 17.7, so that Northumberland was slightly above the national average. The still-birth rate and the neo-natal mortality rates are usually considered together, as still-births and neo-natal deaths appear to be generally associated with pre-natal causes. The year 1954 was unusual in that there was a slight rise in both rates in Northumberland—usually they show a see-saw movement and when one increases the other declines. When the combined rates for 1953 and 1954 are considered, the increase amounts to 1.04 per thousand, so that it may not be significant.

The causes of death were as follows:—

	Total Deaths.	Urban.	Rural.
Prematurity	60	46	14
Cerebral Haemorrhage...	18	16	2
Congenital Deformity ...	16	14	2
Congenital Heart Disease ...	8	8	—
Respiratory Disease	8	6	2
Atelectasis	9	8	1
Hydrocephalus	5	4	1
Anoxia	3	3	—
Congenital Debility	2	2	—
Haemolytic Disease	2	2	—
Haemorrhage	1	1	—
Hydrops Foetalis	1	1	—
Infantile Convulsion	1	1	—
Intestinal Obstruction	1	1	—
Asphyxia	1	1	—
Prolapsed Cord	1	1	—
Pulmonary Haemorrhage ...	1	1	—
	<u>138</u>	<u>116</u>	<u>22</u>

It will be noticed that prematurity and conditions associated with it, closely followed by congenital disabilities of various kinds, again top the list as the cause of 79% of all the neo-natal deaths.

The following table sets out the still-birth and neo-natal mortality rates over the past five years:—

Year.	Still-birth Rate. (per 1,000 total births).	Neo-natal Mortality Rate. (per 1,000 live births).
1950	23.09	21.2
1951	23.85	18.2
1952	25.04	18.7
1953	23.76	17.2
1954	23.83	19.0

Premature Births.

Once more there was an increase in the incidence of prematurity. There was a total of 530 notified cases in 7,427 live and still births. An incidence of 7.1%, compared with 6.6% in 1953. Of these premature infants 94 or approximately 17.7% died before the end of the first month, compared with 18% in 1953. Prematurity and conditions associated with it accounted for 68% of all neo-natal deaths and 47% of all infant deaths. In addition 90 or approximately 50% of all the still-births occurring in the County in 1954 were associated with prematurity.

Attention has been drawn in previous reports to the problem of prematurity and conditions associated with it, as the cause of such a large proportion of foetal and infant deaths. It is a problem which

is growing larger each year and to which it is difficult to find a solution. It cannot be solved by the preventive services alone, but requires a concerted effort on the part of all the medical services dealing with the expectant and nursing mother.

Illegitimate Births.

During 1940 there was a total of 220 illegitimate births in the County, which is approximately 3% of the total births. This is a decrease on the previous year.

Unfortunately, there was an increase in all the mortality rates—still-birth, neo-natal and infant—in these illegitimate children. In addition, the rates in illegitimate births, were much higher than those in legitimate births, as the following table demonstrates:—

Year.	STILLBIRTH RATE.		INFANT MORTALITY RATE.		NEO-NATAL MORTALITY RATE.	
	Legitimate Births.	Illegitimate Births.	Legitimate Infants.	Illegitimate Infants.	Legitimate Infants.	Illegitimate Infants.
1952	24.4	44.0	29.08	37.6	18.5	25.1
1953	23.04	45.27	28.84	17.24	17.33	12.93
1954	23.59	31.82	26.86	32.86	18.90	23.47

It is regretted that not more use is made of the facilities provided for unmarried mothers at Bowmer Bank Hostel, Morpeth. A total of 19 places is provided at this institution, but there were only 35 admissions during the year. The average length of stay was 52 days in the ante-natal period, and 35 days in the post-natal period.

Table 5 on page 88 illustrates the distribution of legitimate and illegitimate live and still births during the year.

Infantile Mortality.

In 1954 in a total of 7,250 live births there were 196 infant deaths, i.e., deaths of children under the age of one year, which gives an infant mortality rate for the year of 27.03 per 1,000 live births. The rate for England and Wales during the same period was 25.5 per thousand live births, the lowest ever recorded for the whole country. Similarly, the rate for the county was the lowest ever recorded.

The causes of death as classified by the Registrar General were as follows:—

	Boroughs and Urban Districts.			Rural Districts.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Whooping Cough	1	2	3	—	—	—	1	2	3
Meningococcal Infections ...	1	1	2	—	—	—	1	1	2
Other Infective and Parasitic Diseases	1	1	2	—	—	—	1	1	2
Vascular Lesions of Nervous System	1	—	1	—	—	—	1	—	1
Pneumonia	14	7	21	—	2	2	14	9	23
Bronchitis	2	—	2	—	—	—	2	—	2
Other Diseases of Respiratory System.	1	—	1	—	—	—	1	—	1
Gastritis, Enteritis and Diarrhoea	—	2	2	—	1	1	—	3	3
Congenital Malformations ...	20	15	35	4	3	7	24	18	42
Other Defined and Ill-defined Diseases	52	33	85	9	12	21	61	45	106
All Other Accidents	3	5	8	1	1	2	4	6	10
Homicide and Operations of War	—	—	—	1	—	1	1	—	1
	96	66	162	15	19	34	111	85	196

It will be noted that congenital malformations and respiratory infections again account for a high proportion of infant deaths. Attention has been drawn to prematurity—the incidence of death connected with this condition is not brought out by the Registrar General's classification, as this condition by itself is not classified as a cause of death.

The numbers of infant and maternal deaths in the various sanitary districts are set out in the following table:—

COUNTY DISTRICTS.	MATERNAL DEATHS.	INFANT DEATHS.			
		Under 1 year.	Under 4 weeks.		
BOROUGHS :—					
Berwick-on-Tweed	—	5	4		
Blyth	—	11	9		
Morpeth	—	8	6		
Wallsend	—	31	22		
Whitley Bay	—	12	9		
URBAN DISTRICTS :—					
Alnwick	—	—	—		
Amble	—	2	2		
Ashington	1	7	5		
Bedlingtonshire	1	14	9		
Gosforth	1	13	8		
Hexham	—	4	4		
Longbenton	—	14	8		
Newbiggin-by-the-Sea	1	4	2		
Newburn	1	19	14		
Prudhoe	1	2	1		
Seaton Valley	—	16	13		
RURAL DISTRICTS—					
Alnwick	—	5	3		
Belford	—	—	—		
Bellingham	—	2	—		
Castle Ward	—	6	3		
Glendale	1	4	3		
Haltwhistle	—	4	3		
Hexham	—	6	6		
Morpeth	1	4	3		
Norham and Islandshires	—	1	1		
Rothbury	—	2	—		
Totals		8	196	138	

It is interesting to compare the infant and neo-natal mortality rates in the various sanitary districts, and these are set out in the following table:—

COUNTY DISTRICTS.	Live Births.	INFANT DEATHS.		NEO-NATAL DEATHS.	
		Infant Deaths under 1 year.	Infant Mortality Rate per 1,000 live births.	Infant Deaths under 4 weeks of age.	Death Rate per 1,000 live births.
BOROUGHES.					
Berwick-on-Tweed	253	5	19·76	4	15·81
Blyth	638	11	17·24	9	14·11
Morpeth	210	8	38·09	6	28·57
Wallsend	973	31	31·86	22	22·61
Whitley Bay ...	412	12	29·13	9	21·84
URBAN DISTRICTS.					
Alnwick	130	—	—	—	—
Amble	87	2	22·99	2	22·99
Ashington	452	7	15·49	5	11·06
Bedlingtonshire ...	524	14	26·72	9	17·17
Gosforth	370	13	35·13	8	21·62
Hexham	121	4	33·06	4	33·06
Longbenton	547	14	25·54	8	14·62
Newbiggin-by-the-Sea	177	4	22·60	2	11·30
Newburn	406	19	46·79	14	34·48
Prudhoe	118	2	16·94	1	8·47
Seaton Valley ...	355	16	45·07	13	36·6
RURAL DISTRICTS.					
Alnwick	200	5	25·00	3	15·00
Belford	72	—	—	—	—
Bellingham	92	2	21·74	—	—
Castle Ward	221	6	27·14	3	13·57
Glendale	86	4	46·51	3	34·88
Haltwhistle	93	4	43·01	3	32·26
Hexham	287	6	20·91	6	20·91
Morpeth	291	4	13·75	3	10·31
Norham and Islandshires ...	56	1	17·86	1	17·86
Rothbury	79	2	25·31	—	—
Totals ...	7,250	196	27·03	138	19·03

HEALTH VISITING.

During the year 8 Health Visitors were appointed, including two newly qualified under the Council's grant aided scheme, and one school nurse. Two Health Visitors retired during the year; each after 26 years service. There were five resignations including three Health Visitors who left the staff for domestic reasons and two to take up appointments with other authorities. At the end of the year the staff consisted of the Superintendent, Deputy Superintendent, eighty-four Health Visitors, two School Nurses and one full-time Clinic Assistant. In addition fourteen Clinic Assistants were employed on a part-time basis. Three candidates were accepted for training under the Council's grant aided scheme.

During the year visits to expectant mothers and children 0-5 years were as follows:—

Expectant Mother—First visits	...	...	...	1,118
Do. Re-visits	...	...	...	895
First visits to infants	...	...	...	7,295
Re-visits under one year	...	...	...	36,175
Children one-two years	...	...	...	26,996
Children two-five years	...	...	...	53,803

The number of routine visits to children decreased as this type of visiting has gradually given place to more selective visiting of families requiring additional help.

Case work in connection with the prevention of break up of families has occupied an increasing amount of Health Visitors' time. Visits to this type of family were of necessity of much longer duration and the work involved interviews and discussions with other social workers connected with voluntary and statutory organisations.

Two new Mothers' Clubs were started in Morpeth and Prudhoe and existing Clubs continued to function.

Several Health Visitors have been engaged in giving talks to outside organisations such as Women's Institutes, Townswomen's Guilds, Parent Teachers Associations, British Red Cross Society, Mothers' Unions, Girl Guides and Youth organisations. One Health Visitor gave five of the lectures in a hostess course arranged by the County Education Committee.

Health Visitors in several areas continued to give courses of instruction in hygiene and mothercraft to senior school children. We have been able to relieve Health Visitors of a good many routine duties in schools to enable them to take part in the educational curriculum and to act as liaison officers between schools and homes in problems of maladjustment as well as physical defects.

Work in connection with the care of the aged has continued and 6,705 visits were paid to aged persons. The Health Visitors help and advice was increasingly called for in dealing with problems in this field.

Work in the prevention of tuberculosis was greatly extended by the tuberculin testing of school entrants and the follow-up of reactors and their contacts. An x-ray and tuberculin test of all residents in Otterburn district was undertaken and the Health Visitor there played an active part in the outstanding success of this survey.

There was a noticeable improvement in the co-operation with the hospital services. Health Visitors assisted in the after-care of patients discharged from hospital and in the ascertainment of home conditions. This co-operation existed in both physical and mental health fields; in the latter particularly, the Health Visitor's timely help has undoubtedly prevented more frequent breakdown. There are encouraging signs that co-operation with general practitioners is also being more widely established.

The In-Service education of the staff has continued—14 Health Visitors attended the post-certificate courses organised by the Royal College of Nursing and Women's Public Health Officers Association. Quarterly conferences of Health Visitors were held in County Hall at which educational films were shown.

The circulating library was well used and is of great benefit in keeping the staff up to date in their knowledge. Several new books were added to the library during the year.

As in previous years students from the Newcastle Health Visitors' training school and also one from London County Council were given practical instruction in County work and lectures on County administration were given by members of the Administrative staff.

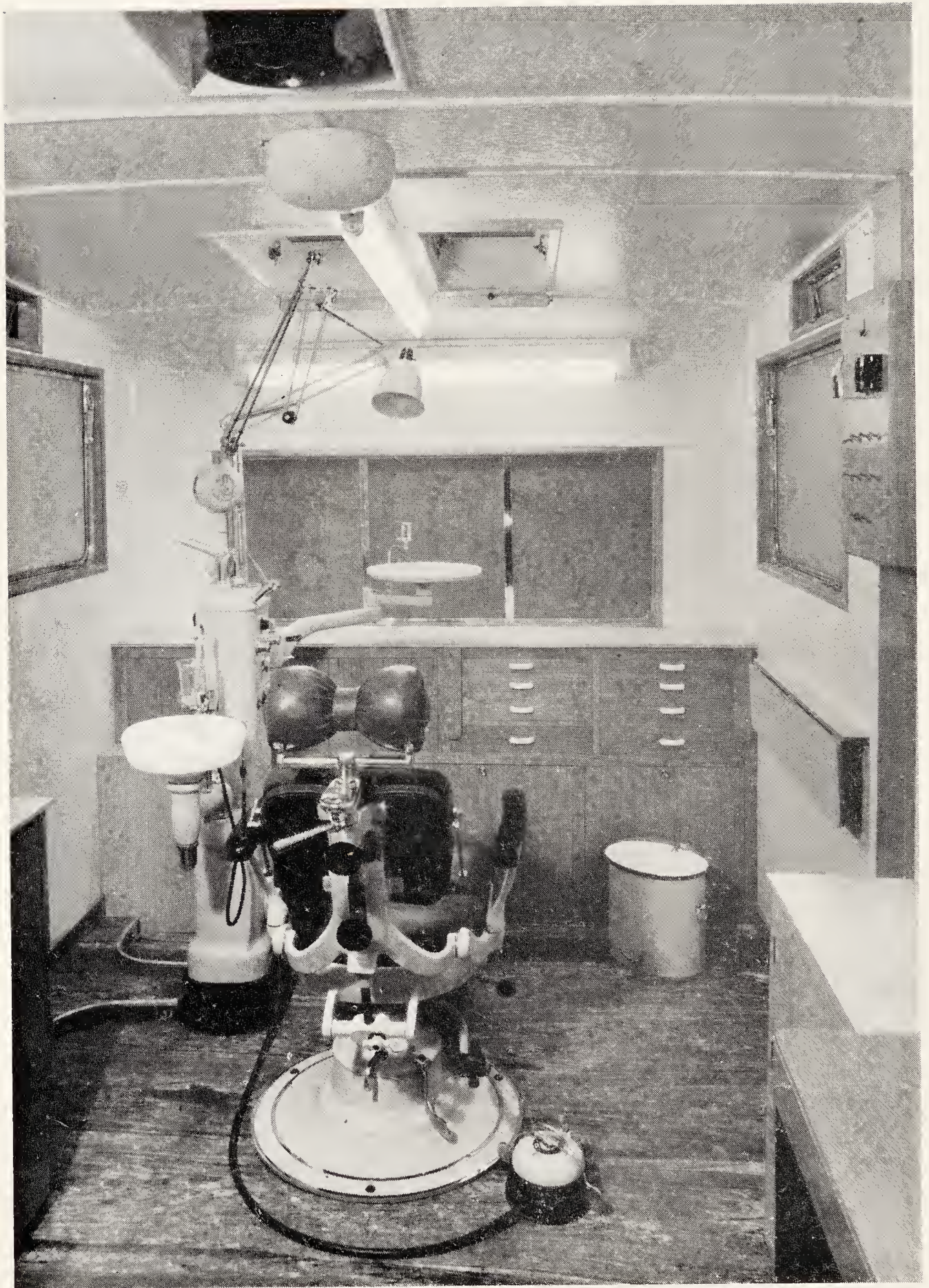
The Health Visitors have carried out their extended duties and continue to adapt their work to meet the changing needs of the community. The increase in psychosomatic and neurotic illness has brought to light the need for further preventive work in the field of mental health. Health Visitors are doing their best to equip themselves to meet this new challenge.

Problem Families and Children Neglected in Their Own Homes.

A great deal of thought was given during the year to the question of preventing the neglect of children in their own homes, and to the helping of problem families. The arrangements established earlier began to work smoothly, and each Area Medical Officer, acting on my behalf, convened co-ordinating committees at regular intervals at which cases were discussed. Many interests and services are represented at these committees, the health visitors, children's visitors and education welfare officers, with the school doctors and child welfare doctors representing the County Council services, while the probation service, the National Society for the Prevention of Cruelty to Children, and representatives of other voluntary bodies

attend together with representatives of the housing authority and the police if necessary. Much valuable work is done by these committees and many families have been prevented from deteriorating by their efforts.

It has been recognised for some time that special efforts need to be made to help and to attempt to rehabilitate certain problem families in the community. In 1952 the Northumberland Family Care Committee was started with the financial support of the Health Committee, the Children's Committee and the Northumberland and Tyneside Council of Social Service, and with Council representation on the Committee. This organisation continued to function during the year and its two social workers were engaged in the area of the East Area Health Sub-Committee working in close collaboration with the Area Medical Officer. The Council's representatives on the Committee were fully convinced of the value of the work undertaken, though rehabilitation in these cases is so prolonged that no quick results can be expected. At the time of writing a change in administration has occurred and the Health Committee has become responsible for the service, so that next year's report will give a fuller description of the work.



INTERIOR OF CARAVAN DENTAL SURGERY

DENTAL SERVICE.

As in previous years the dental care of Expectant and Nursing mothers and children under five years of age was provided by School Dental Officers throughout the county who gave the equivalent of 3.3 full-time officers to this work.

Weekly sessions were held at the following clinics:—

Alnwick, Ashington, Bellingham, Cramlington, Gosforth, Haltwhistle, Morpeth, Berwick, Blyth, Dudley, Guide Post, Hexham, Prudhoe, Seaton Delaval, Shiremoor, Throckley, and Wallsend.

The Dental Department comprising Surgery, Waiting Room and Recovery Room, in the new clinic which was opened at Morpeth during the year is proving to be of the greatest value to the mothers and children living in that area, providing them as it does, with a very well equipped, and more important still, a centrally placed establishment at which they may attend for their dental treatment. Prior to this, these patients had to make the rather long and very inconvenient journey to the clinic on Morpeth Common.

The modern equipment which has been fitted is greatly appreciated by the staff and does a great deal to enhance the status of the Service in the eyes of the public.

Similarly the clinic at Prudhoe underwent extensive alterations during the year, a new dental department being built and this, whilst a little on the small side, is certainly a great improvement on the old accommodation.

A new dental trailer was also introduced into the Berwick area, primarily for the dental treatment of school children, but this was also used in rural areas for the treatment of mothers, and children under five years of age. The illustration opposite will give some idea of the modern equipment fitted and the general roominess of the unit. In addition to the surgery there is also a waiting room which is essential for the treatment of mothers.

Table 14 on page 97 shows that the number of mothers and children who attend for treatment has remained fairly constant over the last few years and the volume of work done for these patients is also very similar. There is, however, a welcome increase in the number of fillings done both for mothers and children.

MIDWIFERY AND HOME NURSING SERVICE.

2,380 mothers were attended by domiciliary midwives at their confinement, a slight increase on the figure of 2,284 last year, but still very much short of the total of 3,853 home births delivered in 1948. The greater number of confinements occurring in hospital resulted in earlier discharges home in many cases and during the year 2,952 mothers and babies were notified as having been sent to their homes before the 14th day. This total increase resulted in the midwives paying a total of 53,751 nursing visits, a number greater than ever before.

Gas and air analgesia apparatus was issued to all midwives and 1,353 mothers (57% of the total) decided to avail themselves of this benefit. Trilene analgesia was also given to mothers in labour by general practitioners and during the year the Central Midwives Board authorised its administration in future by midwives using specially approved apparatus.

Seven midwives were approved by the Board as district midwife teachers and arrangements were made to assist with practical training of pupils from Dilston Hall Maternity Hospital Training School.

The Council's policy of sending midwives on postgraduate courses continued and a number attended such courses organised by the Royal College of Midwives.

The home nurses, who in the great majority of country districts also do midwives duties, continued to perform their duties with great care and efficiency. As the population becomes more aged, the nurses' duties become more arduous and a total of 68,482 visits were paid to old people over 65 years. The figures shown in Table 15 give details of the great amount of work done by the 118 nurses and midwives.

The Council is again indebted to the members of the voluntary nursing care committees throughout the county for their continued help in providing nursing requisites and comforts for the sick and old people.

The annual staff conference was again held in the spring and many points of interest were discussed.

Staffing continued to be rather difficult in spite of the Committee's policy of improving living conditions. New houses were completed at Falstone, Bellingham and Scotsgap and a post-war house was purchased in Alnwick for the two nurse-midwives. Further progress was made in the proposal to build at Willington Quay and at Broomhill, and further accommodation is being sought in the urban areas near to Newcastle where such large new housing estates have been planned.

Cars have now been provided for 59 nurse-midwives and 10 more use their own cars. In the urban districts bicycles are provided and all nurses on the staff have now been given adequate transport.

VACCINATION AND IMMUNISATION.

DIPHTHERIA.

Records indicate that during the year a total of 6,163 children received a full course of immunisation and 7,641 were given reinforcing injections. The decline in these figures is a matter for concern and requires urgent consideration of what greater local action can be taken to keep the immunised population at as high a figure as possible.

The following table gives details of the injections by Areas with the totals for 1953 for comparison:—

Sub-Committee Area.	Number of children who completed a full course of immunisation (including temporary residents).			Total Number of children who were given a secondary or reinforcing injection (i.e., subsequent to primary injection at an earlier age.).
	Age at final injection.		Total.	
	Under 5 years.	5-14 Years (inclusive).		
North No. 1 ...	287	10	297	203
North No. 2 ...	347	15	362	272
Central ...	995	191	1,186	1,819
East ...	755	217	972	2,132
South ...	995	144	1,139	1,349
South-East ...	970	18	988	940
West ...	432	5	437	230
Wallsend ...	603	179	782	696
Totals ...	5,384	779	6,163	7,641
1953 Total ...	6,198	779	6,977	7,933

In addition to this total of 6,163 children, the next table of figures shows a further 1,042 who had received a combined diphtheria and whooping cough antigen before leaving school.

WHOOPIING COUGH IMMUNISATION.

SUB-COMMITTEE AREA.	Combined with Diphtheria Prophylactic.				Pertussis only.				Total.			
	Age at date of final injection.				Age at date of final injection.				Age at date of final injection.			
	Under 1 year.	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.
North No. 1	3	3	—	6	1	1	—	2	4	4	—	8
North No. 2	56	24	6	86	17	30	—	47	73	54	6	133
East ...	14	94	3	111	31	250	11	292	45	344	14	403
South ...	40	39	7	86	90	91	7	188	130	130	14	274
South-East	8	72	5	85	38	233	16	287	46	305	21	372
Central ...	168	62	8	238	352	212	2	566	520	274	10	804
West ...	2	3	—	5	26	63	3	92	28	66	3	97
Wallsend ...	312	112	1	425	3	3	—	6	315	115	1	431
Total ...	603	409	30	1,042	558	883	39	1,480	1,161	1,292	69	2,522
1953 Totals for comparison	420	414	25	859	244	659	20	923	664	1,073	45	1,782

WHOOPING COUGH.

The table on the preceding page shows an increasing demand for the more efficacious vaccine now available. 1,161 babies under one year received full immunisation injections compared with 664 last year.

SMALLPOX.

SUB-COMMITTEE AREA.	Age at date of Vaccination.											
	Number vaccinated during period.						Number re-vaccinated during period.					
	Under 1 year	1 year	2—4 years	5—14 years	15 years or over	Total	Under 1 year	1 year	2—4 years	5—14 years	15 years or over	Total
North No. 1	143	8	19	15	14	199	—	2	5	17	26	50
North No. 2	209	13	5	8	13	248	—	—	1	9	28	38
East ...	63	65	23	24	31	206	—	—	3	3	29	35
South ...	265	11	12	7	28	323	1	—	4	7	70	82
South-East	126	150	60	15	48	399	—	—	2	12	132	146
Central ...	149	15	12	14	30	220	—	—	1	6	44	51
West ...	194	3	8	2	9	216	—	—	1	4	32	37
Wallsend ...	345	12	7	7	18	389	—	—	3	13	41	57
Total ...	1,494	277	146	92	191	2,200	1	2	20	71	402	496
Year 1953 Totals for comparison	1,465	247	109	119	237	2,177	4	9	25	82	500	620

There was no case of smallpox in Northumberland during the year and there has now been no recorded case for over 20 years.

The record number of babies vaccinated last year was again exceeded and is now 1,495 before the age of one year, a happy reflection of the voluntary nature of the operation.

AMBULANCE SERVICE.

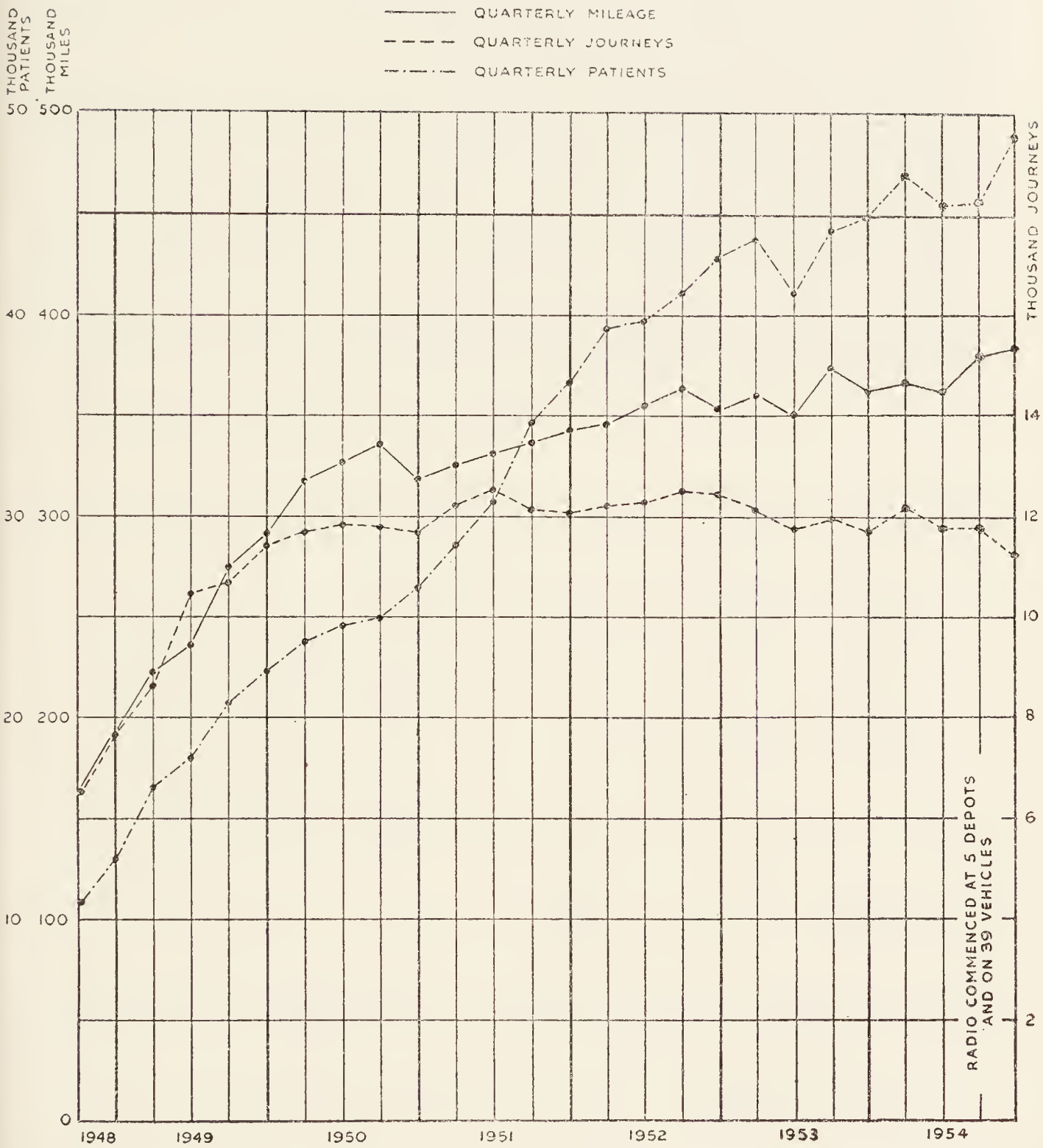
In last year's report mention was made of the greater number of patients carried with fewer journeys and of the uncertainty of future statistics. A glance at the graph and at tables 16 and 17 will show that the trend has been similar to 1953. The number of patients has again increased by 7% to the highest figure ever recorded of 187,684, almost double the number carried in 1950. The mileage has again increased by just over 2½% and the number of journeys decreased by 2% to 47,266. This is the lowest figure since 1949 and it is probably significant to report that the last quarter gave less journeys than any other quarter since September, 1949.

As briefly mentioned last year, approval for a comprehensive system of radio control was obtained and a satisfactory contract was signed with Marconi, Ltd. Five transmitting stations with monitor control at each and remote control for a sixth depot were planned and 39 ambulances and cars were fitted with mobile sets. It was possible to decrease the number of county owned vehicles on the road by 5 from 56 to 51; night stand-by duties and telephone extensions were discontinued at all radio controlled depots; no special staff were appointed to man the radio stations, but 4 extra drivers were appointed to provide the additional night cover at some depots. The complete scheme was working to satisfaction in September, so that the low total of journeys in the last quarter of the year may bear some relation to the start of radio control. There seems little doubt that radio is a useful method of transmitting urgent messages and that, in consequence, a greater degree of efficiency must result from this comprehensive scheme of radio control.

As a direct result of the withdrawal of five ambulances, it was possible to carry on with the existing fleet of vehicles and no new ambulances were ordered. As the year ended, the possibility of using diesel engines in ambulances and cars was being actively considered.

The Committee's policy of improving working conditions for the staff was continued and attention paid to the stations at Berwick and Broomhill. A small site was purchased in the centre of Berwick on which to build a depot for two ambulances, a flat for a driver and an office for the authorised officer. Building started as winter came and should end by mid 1955. A site was purchased at Broomhill for the erection of a child welfare centre and an ambulance depot for three vehicles and this project was approved during the year. The committee also approved the building of a new station adjacent to the new child welfare centre in Whitley Bay at some future date. The new garage at Wideopen for seven ambulances was finally approved in May and building started as the year ended.

TOTAL AMBULANCE SERVICE
1948 - 1954



A new agreement was reached with the National Coal Board (Northumberland Division) and the county ambulance service became responsible for the carriage of injured miners under the Coal Mines Acts. Consequently, the National Coal Board did not require to set up their own ambulance service in this county. This was a great step forward in liaison and central economy.

The Civil Defence Corps took over a number of old ambulances which were used in the training programme of the Civil Defence ambulance section.

The services of agents in the British Red Cross Society and St. John Ambulance Brigade continued as in previous years. An excellent service was provided at all six depots and in addition the ability to call on attendants for long distance train journeys was much appreciated by patients and staff alike.

HOME HELP SERVICE.

There was quite a large decrease in the use of the service by those acutely ill and by mothers being confined, but this was more than balanced by an ever increasing demand for domestic help for the old people and the chronically ill, so that the number of households assisted during the year rose from 2,710 to 2,845. This increase of about 5% was equal to that in 1953, and it was necessary to increase the number of home helps allotted to each Area at the end of the year. On 31st December there were 675 part-time women employed in the service compared with a maximum of 605 during the previous year.

The enlargement of the service is shown in Table 18, which, by comparison with last year's figures, shows an 8% decrease in cases helped in Central Area and increases of 36% in North No. 2, 33% in Wallsend and 13% in East Areas.

The types of homes into which home helps are placed are shown in the following figures:—

	Full-time.	Part-time.	Total.
Confinement	171	76	247
Acute illness and short-term cases	63	462	525
Old age and infirmity and chronic illness	5	1,871	1,876
Blind	—	90	90
Tuberculosis	9	71	80
Problem cases, including care of children in absence of mother	16	11	27
	<u>264</u>	<u>2,581</u>	<u>2,845</u>

The number of home helps employed compared with last year was:—

	Full-time.	Part-time.	Total.
31st December, 1953	43	592	635
31st December, 1954	37	675	712

The part-time worker is still found to be more beneficial to the home assisted and the increased number of such workers denotes the fact that more women are being employed in the morning hours.

Staff recruitment has been quite satisfactory in all Areas and the visiting of home helps in the homes by the Organiser and her Assistant has proved of great value in assessing the needs of each family and in keeping the home help and patient in touch with those who direct the service.

Annual meetings of home helps have again been held in most Areas and have been supplemented by instructional film strips on the handling of food and on home hygiene. The health of the home helps has been safeguarded by regular routine x-ray examinations of the chest and by the provision of overalls.

There is no doubt that this service, together with the home nursing service, is of great importance if the pressure on hospital accommodation is to be relieved, and this aim, which has been the policy of the Council since 1948, has led to the present very high figures compared with other local authorities.

MENTAL HEALTH SERVICES.

ADMINISTRATION.

The mental health service continued to be administered by a Sub-Committee consisting of sixteen members of the County Council, together with seven co-opted members. Six meetings were held during the year when matters were considered relating to the whole field of mental health in the community. The decisions of the Sub-Committee were afterwards submitted to the Health Committee for confirmation.

The staff employed in the service was unchanged from last year. The duly authorised officers and their assistants continued to maintain a twenty-four hour service, dealing with cases under the Lunacy and Mental Treatment Acts, supervising mental defectives living in the community and investigating cases under the National Assistance Act on behalf of the County Welfare Officer.

CO-ORDINATION WITH HOSPITAL AUTHORITIES.

During the year the same co-operation has continued with the Regional Hospital Board; Northgate and District Hospital, Morpeth; also Prudhoe and Monkton Hospital, regarding the question of accommodation for mental defectives. Arrangements were made in numerous cases for the respective medical superintendents of the hospitals to pay domiciliary visits to the homes of mental defectives who were in urgent need of hospitalisation. Other arrangements were made for defectives to be examined either at the hospitals or at clinics.

DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.

No duties have been delegated by the local health authority to any voluntary association, but a grant has continued to be made to the National Association for Mental Health.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) Prevention of Illness, Care and After-Care.

Increasingly the authorised officers are called upon by the doctor or the family for assistance in maintaining a patient in his home. The authorised officer is not merely concerned with the removal of patients to hospital, but endeavours to play his part in preventing breakdown and the necessity for hospital admission.

Though it has not been possible to make much progress with a care and after-care service in the mental health service, the following cases from the reports of an authorised officer illustrate the interest taken in the welfare of patients:—

Patient A (65 years).

History of several admissions into St. George's Hospital, Morpeth. Last certified on 25th January, 1954—discharged

“ relieved ” on 20th April, 1954. At the time of his first certification I was asked by the Regional Psychiatrist, who was interested in the case, to do what I could to help him and I have kept Dr. Hurley informed as to the patient's progress. Shortly after the patient was last discharged I was twice called in by the police owing to difficulties in which the patient became involved and through which I was able to steer him. Later I received a letter from the psychiatric social worker, St. George's Hospital, Morpeth, expressing concern about a domestic tangle pertaining to the patient. This also was investigated by me and the appropriate advice was given. He now appears to be progressing quite well. He is a very skilful gardener and is employed by a parks and gardens department. I often meet him and on these occasions he frequently asks for advice on all manner of private matters which I give to the best of my ability.

Patient B (32 years).

History of several admissions into St. George's Hospital, Morpeth. Last mental health action was Section 20 action to Preston Hospital, North Shields, on 8th February, 1954. Rehabilitation in this case has always been difficult owing to lack of understanding and effective co-operation by the parents at her home, resulting in constantly recurring domestic crises into which I have since quite often been called. I feel that the situation is now somewhat easier in this case; owing to the efforts of her doctor, a magistrate and myself. I think there is now a better attitude by the family towards her.

Patient C (34 years).

History of several admissions into St. George's Hospital, Morpeth, and St. Mary's Hospital, Stannington. After being a voluntary patient at St. George's Hospital was discharged home in June 1954. St. George's Hospital asked me to keep her under surveillance and to do what I could to assist. Psychiatric social worker had felt alarmed when last visiting her. Good home and circumstances—just mother and patient. Visitation by me commenced. Mother did not want further mental health action (it subsequently became clear that the mother at that time covered up to me many alarming actions by the patient). Incredible though it may seem, the patient was able to take and pass at the first attempt a driving test and also to attend successfully a revision course at a commercial school in spite of her mental condition—schizophrenia. Patient was completely withdrawn, wanted a post as secretary but would not take any initiative action to secure such a post — felt that employers should come to her! I took the mother to the Employment Exchange and introduced her to the female Disablement Rehabilitation Officer, who later visited the patient at her home

without much success. On 1st October, 1954, late in the evening patient tried to drown herself in the sea and I took her to Preston Hospital—Section 20 action—certified on 5th October, 1954—to St. George's Hospital, Morpeth.

Patient D (70 years).

After patient had attended clinic at Department of Psychological Medicine, Royal Victoria Infirmary, Newcastle, Dr. J. G. Neville, Registrar, wrote to me asking me to keep patient under surveillance, which I have done since that time—28th October, 1954. Stone deaf. Slight senile delusions. Repeated efforts are being made to persuade him to apply for Part III accommodation.

(b) Under the Lunacy and Mental Treatment Acts.

Table 19 on page 102 gives a summary of the work performed by the duly authorised officers during the year.

Of the 346 persons dealt with under section 20 of the Lunacy Act, 1890, 137 (of whom 17 were over the age of 65 years) were certified under Section 16 and admitted into mental hospitals. The remaining 209 (of whom 63 were over 65 years of age) had either died, were discharged home, admitted to mental hospitals as voluntary patients or admitted to County Homes under Part III of the National Assistance Act, 1948.

(c) Mental Deficiency Acts, 1913-1938.

Every possible effort has been made during the year to secure accommodation for the care of mental defectives, but there continues to be much concern over the need for many more hospital beds to meet the ever growing demand throughout the whole country. The arrangement for the provision of "short-term" accommodation has proved very successful in this area, and parents have expressed their gratitude at being relieved of the responsibility of the care of their children even for a temporary period of usually two months duration.

The Department has endeavoured to ensure that the ascertainment of mental defectives living in the community was as complete as possible. During the year there was a decrease of 29 in the number of mental defectives ascertained from all sources.

All mental defectives, either under statutory or friendly supervision, were visited by the duly authorised officers at suitable intervals, according to the nature of each case or the condition of the home.

The Occupation Centre at Wallsend has continued satisfactorily during the year, with an increased attendance up to 51 (maximum). By the appointment of a third female unqualified assistant super-

visor, the classes have been regrouped, and there is a very happy atmosphere at the Centre. The pupils were all medically examined during the year and any minor defects corrected or kept under medical observation. One boy left the Centre in order to take up remunerative employment.

Mid-day meals were provided by arrangement with the Education Committee, as in the previous year, and the children were also supplied with milk during a mid-morning break.

The pupils gave a very pleasing display of country dancing, etc., at the Christmas Open Day, which was followed by a sale of handicrafts, etc., they had made during the year.

The arrangement made with the National Association for Mental Health in connection with the training of students continued during the year, and various persons have attended at the Centre in order to gain practical experience with the object of qualifying as supervisors.

Further efforts were made during the year to open additional Centres for the Ashington, Bedlington and Blyth areas, and a dwelling house at Bedlington was purchased for adaptation as an occupation centre.

HOUSING.

Last year, in reporting the highest total of new houses erected in any year since the war, it was remarked that the figure of 3,752 was beginning to bear comparison with the 1938 total of 3,944. It is very pleasing now to record that in 1954 this total was in fact exceeded, and 4,136 new local authority and private dwellings were completed during the year. As a matter of interest, the highest number ever previously recorded in the county in any one year was 4,052 in 1934.

An analysis of the figures, given in detail in Table 22, shows that the number of houses built by county district authorities was 410 less than last year, but with increased activity by Newcastle Corporation in the adjoining parts of the administrative county, the total number of local authority houses was actually slightly higher than the corresponding figure for 1953. Privately built houses numbered 813, an increase of 283 over last year.

The number of houses discontinued as dwellings during 1954 was 714, which is an increase of 57 over the previous year's figure. Several authorities now appear to have been able to re-start slum clearance on a modest scale: 358 houses were reported as being dealt with in Clearance Schemes, though rather less than half of these were in areas scheduled before the war and still in occupation. The coming into force of the Housing Repairs and Rents Act, 1954, will obviously not have any significant effect in this direction for some little time, but it will be interesting to see, from the proposals required to be submitted by local authorities to the Ministry by mid-1955, exactly what the problem of the unfit house is going to mean in Northumberland.

As a means of assessing this problem in the rural areas in the County, the Rural Housing Survey has not been very successful; only five authorities have been able to complete their survey, and the remaining five rural districts have made practically no progress over the last four years. In order to satisfy the Ministry's requirements under the new Act, they will now be faced with the task of obtaining quickly the information which they ought already to have had in their possession.

The number of Improvement Grants made under the 1949 Housing Act (Table 23) has again risen; 694, as compared with 579 in 1953 when the number rose sharply for the first time from an average of about 100 per annum. The administrative procedure for making these grants has now been simplified and Ministry approval is not generally required. It is understood that this County compares very favourably with the rest of the country in the number of houses dealt with by this means, but it is regrettable that a few dis-

trict councils are still not encouraging property owners to take advantage of this legislation and so provide accommodation up to modern standards for more occupiers at a less cost to the authorities than by the provision of an equivalent number of new Council houses. As it is, the rural districts are very much ahead of the urban and borough authorities in this matter. Since the passing of the 1949 Act, 1,539 applications have been approved in this County, and 993 have been in the 10 rural districts.

WATER SUPPLIES.

The bacteriological examination of water is undertaken free of charge by the Public Health Laboratory situated at the General Hospital, Newcastle upon Tyne. Copies of the reports on water samples submitted by authorities in the administrative county are received and any unsatisfactory results are investigated.

In the parts of the county falling within the statutory areas of the Newcastle and Gateshead Water Company and the Tynemouth Corporation Water Department, a good supply was maintained. Of 41 samples taken from the Water Company's mains at various points within the county, 38 were highly satisfactory, 2 satisfactory, and 1 unsatisfactory. The unsatisfactory sample was from a newly laid section of main in a rural area and received immediate attention. The work of extending the Company's mains into their new statutory area in Bellingham and Castle Ward Rural Districts continued to make good progress during the year.

Fifty-nine samples were taken of water supplied from the undertaking of the Tynemouth Corporation within the county; 38 of these were highly satisfactory, 4 satisfactory, 7 suspicious and 10 unsatisfactory. Almost all of the samples failing to reach the required standard were found to be due to a defective storage reservoir outside the control of the Corporation and belonging to the District Council purchasing the water in bulk. This was quickly rectified.

In all, 740 samples drawn from both public and private sources in the county were examined, and of these 433 were highly satisfactory, 62 satisfactory, 79 suspicious and 166 unsatisfactory. This shows a slight improvement over the corresponding figures for last year. A large proportion of the unsatisfactory samples were from individual private sources under investigation or from supplies before chlorination.

WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following schemes were submitted during the year to the County Water Supplies and Sewerage Committee for consideration:

Belford Rural District ...	Water supply scheme for Belford Village	£ 7,600
Bellingham Rural District	Water supply scheme for Falstone...	2,639
	Water supply scheme for Anton Hill and Lee Hall	3,749
Castle Ward Rural District	Sewerage and sewage disposal scheme for Berwick Hill, Ponteland	3,000
Glendale Rural District ...	Water supply scheme for Lowick and Bowsden (revised scheme)	12,900
Hexham Rural District ...	Sewerage and sewage disposal scheme for Newbrough	4,738
	Water supply scheme for Newbrough	7,735
	Water supply scheme for Old Town, Allendale (revised scheme)	20,500

Morpeth Rural District ...	Sewerage scheme for Longhirst ...	£ 9,500
Norham and Islandshires Rural District	Sewerage and sewage disposal scheme for Cornhill-on-Tweed	30,100
	Water supply scheme for Cornhill- on-Tweed	4,400
Rothbury Rural District...	Amendment of Hepple water supply scheme	3,900

MINISTRY INQUIRIES AND INVESTIGATIONS.

Local inquiries and investigations were held by Ministry of Housing and Local Government Inspectors as follows:—

PROPOSED SCHEMES.

(a) An investigation at Berwick-on-Tweed on the 26th January into an application by Berwick Corporation to borrow £56,870 for works of water supply to the Berwick Freeman's Trustees' Estate and other farms in the Borough.

(b) A public inquiry at Wooler on the 27th January into the Glendale Rural District Council's comprehensive scheme of water supply for the district at an estimated cost of £225,486, of which the first stage was estimated at £135,015; also water supply schemes for the parishes of Lowick (£5,569) and Chatton (£1,718).

(c) A public inquiry at Bellingham on the 9th February into Bellingham Rural District Council's proposed sewerage and sewage disposal schemes for Bellingham Town (estimated cost £28,620), Wark (£18,760), Birtley (£14,720), Greenhaugh (£3,659) and Lanehead (£2,920).

(d) An investigation at Prudhoe on the 23rd March into an application by the Prudhoe Urban District Council to borrow £31,046 for improvements to the sewerage system for Prudhoe and improvements and additions to the Low Prudhoe sewage works.

(e) An investigation at Morpeth on the 5th May into an application by the Morpeth Rural District Council to borrow £9,000 for works of sewerage and sewage disposal in the Parish of Longhirst.

(f) An investigation at Longframlington on the 22nd June into the Rothbury Rural District Council's proposals for sewerage and sewage disposal works in the parish of Longframlington estimated to cost £19,010.

(g) An investigation at Hexham on the 2nd July into a proposed scheme of sewage disposal by the Hexham Rural District Council for Newbrough at an estimated cost of £4,738.

(h) An investigation at Berwick-on-Tweed on the 25th November into an application by the Norham and Islandshires Rural District Council to borrow £30,100 for sewerage and sewage disposal works for Cornhill village.

My department was represented on these occasions and evidence was given in support of the schemes.

WORK IN PROGRESS.

Investigations were also held by the Ministry into the following schemes either completed or in course of construction.

(a) On the 11th February, into the Newcastle and Gateshead Water Company's scheme of water supply to Bellingham Rural District. (In progress.)

(b) On the 12th February, into works of sewerage and sewage disposal by the Castle Ward Rural District Council for Ogle Village. (Completed.)

(c) On the 6th October, into works of sewerage and sewage disposal by Bellingham Rural District Council for West Woodburn. (Completed.)

The following are details of other work in progress in the county, not the subject of Ministry inquiries or investigations during the year, with some indication of the stage reached by 31st December:-

District.	Scheme.	Progress.
Amble U.D. ...	Water supply, Acklington R.A.F. Station	75% complete.
Alnwick R.D. ...	Borehole at Longframlington (part of comprehensive water scheme)	Commenced.
Castle Ward R.D....	General district water supply scheme by Newcastle & District Water Co.	85% complete.
	Sewerage and sewage disposal scheme, Stamfordham village	75% complete.
Norham and Islandshires R.D.	Water supply scheme, Holy Island	60% complete.
	Water supply scheme, Fenwick Parish	Borehole and test pumping only.
Rothbury R.D. ...	Water supply scheme, Hepple Village	90% complete.
	Water supply scheme, Longframlington Village	Commenced.

SCHEMES COMPLETED DURING YEAR.

The following schemes were completed by District Councils during 1954:—

District.	Scheme.
Castle Ward R.D. ...	Sewerage and sewage disposal scheme, Heddon-on-the-Wall.
	Sewerage and sewage disposal scheme, Stannington Station Road.
	Sewerage scheme, Burn Close.
Glendale R.D. ...	Water supply scheme, Wark-on-Tweed.
	Sewerage and sewage disposal scheme, Wark-on-Tweed.
	Sewerage and sewage disposal scheme, Chatton.
Haltwhistle R.D. ...	Water supply scheme, Slaggyford.
Hexham R.D. ...	Hexhamshire water supply scheme.
	Water supply scheme for Whittonstall Village.
Norham and Islandshires R.D.	Improvements to water supply to Cornhill Village.

MILK.**Examination of Milk for Tuberculosis.**

Sampling of milk for biological testing was continued during the year and the results of the examinations carried out by the Public Health Laboratory were as follows:—

Number of positive results	3
Cases completed by the slaughter of one or more cows ...	2
(Cows slaughtered, 2)	
Case referred to adjoining authority	1

In no case was it found necessary for a District Medical Officer to serve notice under Section 20 of the Milk Regulations, 1949, to have the milk compulsorily pasteurised.

The number of positive milk samples was the lowest recorded in any year since routine biological testing was instituted, which indicates some improvement in the health of the dairy herds in the County, probably due in a large degree to the increase of attestation among cattle.

In addition to the sampling carried out by District Councils' inspectors, 36 samples of incoming milk were taken during visits to pasteurising dairies by the County Sanitary Officer. All were reported as negative.

HOSPITAL DAIRY FARMS.

As requested by the Ministry of Health periodical sampling of milk produced on Hospital Dairy Farms was again carried out at the following premises:—

Prudhoe Hall, East Fark Farm.
 St. George's Hospital, East Cottingwood Farm, Morpeth.
 Northgate and District Hospital, Kater Dene Farm, Morpeth.
 St. Mary's Hospital Farm, Stannington.

Forty-eight samples were taken by my department and submitted to the Public Health Laboratory for methylene blue test, only three failures being recorded. Sixteen of the samples were also examined biologically for B. Tuberculosis and Brucella Abortus, with negative results.

Copies of all these reports were forwarded to the Ministry of Health.

Food—Drugs Acts, 1938-1954.**Milk (Special Designation) (Raw Milk) Regulations,
1949-1954.**

With the ending on 30th September of the special designation "Accredited" first introduced in 1936, "Tuberculin Tested" has now become the only special designation recognised for the sale of

raw milk. As will be seen from the following figures kindly supplied by the Divisional Veterinary Inspector, Ministry of Agriculture and Fisheries, the numbers of attested herds and Tuberculin Tested licences in the county continued to increase.

	31st Dec., 1954.	31st Dec., 1953.
Tuberculin Tested only	9	3
Attested and Tuberculin Tested ...	444	414
Attested not Tuberculin Tested ...	299	241

Milk (Special Designations) (Pasteurised and Sterilised), Regulations, 1949-1953.

PASTEURISED MILK.

With the installation in the Autumn of 1954 of a pasteurising plant at a dairy in Hexham the number of pasteurisers' licences in force in the County rose to six. Four of the firms concerned also hold the necessary licences to enable them to handle "Tuberculin Tested (Pasteurised)" milk. At the end of the year, the total quantity of milk treated by plants within the administrative County was approximately 23,500 gallons per day.

The dairies concerned were regularly inspected by the County Sanitary Officer, and samples of treated milk were taken for Methylene Blue and Phosphatase tests. Washed bottles were also taken from time to time for bacteriological examination.

Number of inspections made	184
Number of samples taken at dairies	247
Methylene Blue Test.	Phosphatase Test.
Passed. Failed.	Passed. Failed.
247 —	246 1

All the plants, which are on the H.T.S.T. system, were maintained in satisfactory condition during the year, and any minor matters brought to the notice of the dairy managers were promptly dealt with. It was, however, necessary to issue a written caution to one firm for contravening the Milk and Dairies Regulations by bottling orange drink on their premises, using their existing milk equipment. Suitable alternative arrangements have now been made by all the dairies in the County who are handling this product.

STERILISED MILK.

One of the pasteurising firms in the County also holds a steriliser's licence, and reports an increasing demand for this type of milk, with the result that their small plant, laid down experimentally in 1953, was superseded during the year by a much larger automatically controlled installation. 28 visits of inspection were made, and all 27 routine samples of the milk satisfied the Turbidity Test. In view of the limited value of this official test, occasional samples were also submitted for Plate Count and all showed no growth of organisms after 48 hours.

A second pasteurising firm completed plans during the year for establishing a sterilising plant in a new building attached to their existing premises and by the end of the year the work of installation was well in hand.

No difficulties were experienced as a result of the setting up in December, 1953, of a "specified area" in the south-east of the county, within which area the sale of undesignated raw milk is not now permitted.

Milk in School Scheme.

Set out below are details of the supply of milk to schools under the above scheme as at 31st December, 1954:—

Grade of Milk.	No. of Schools.	Percentage of Schools.	Percentage of Pupils.
Pasteurised	249	70·1	84·5
Tuberculin Tested	68	19·2	13·5
Ungraded	27	7·6	1·7
Dried Milk	9	2·5	·2
No supply	2	·6	·1

The percentage of schools receiving Pasteurised milk has continued to increase with a consequent reduction in the Tuberculin Tested and ungraded figures. There was no change in the number of schools without a supply of fresh milk under the scheme, all of these being small schools in isolated rural areas for which, in spite of repeated efforts by all concerned, no satisfactory arrangements could be made.

All new sources of supply were subject to prior approval by the department and regular samples from all sources were taken for examination, particular attention being paid to those schools receiving raw milk, in which cases routine biological testing was also carried out.

With the Ministry of Education's change in policy requiring school milk supplies in future to be by normal tendering procedure, some changes in the list of suppliers may be expected in the ensuing year. The vigilance of the department will be necessary to ensure that this policy does not result in a lowering of the standard which has been gradually improving during the past few years.

ICE CREAM.

Ice Cream (Heat Treatment, etc.) Regulations 1947-1952.

There was no significant change in the number of ice-cream samples sent in by county districts for bacteriological grading—309, as compared with 302 in 1953.

The results, however, given in detail in Table 21, showed a marked improvement over any year since the introduction of the methylene blue test for ice cream. 85.1% of the samples were classified as Grade I, and the combined figure for Grades I and II was 91.9%. The Public Health Laboratory Service suggest that, taken over a period, a reasonable standard should be 50% Grade I and 80% Grades I and II combined. Only 12 samples, representing 3.9% of the total, were in Grade IV, the lowest figure yet recorded.

Eight districts did not submit any samples for examination during the year.

FOOD AND DRUGS ACTS, 1938-1950.

REPORT BY MR. C. L. ARLIDGE.

During the year under review, the County Sampling Officers procured a total of 2,714 samples under the provisions of the Food and Drugs Acts, the Preservative Regulations and the Defence (Sale of Food) Regulations.

These samples can be summarised as follows:—

Sample.	Total number analysed.	Samples adulterated or otherwise ad- versely reported upon.
Bacon	2	—
Beans with Sausages in Tomato Sauce ...	7	2
Beer	2	—
B.P. Official Preparations and Household Medicaments	56	—
Butter and Margarine	83	—
Cake and Pudding Mixtures	19	—
Cereals	26	—
Cheese	27	—
Christmas Puddings	3	—
Condensed Milk	10	—
Condiments, Flavours, Sauces, Pickles, etc.	85	—
Coffee and Coffee and Chicory Essence ...	33	—
Custard Powder	12	—
Cream	9	—
Dried Fruit	16	—
Fish Cakes	25	—
Flour	10	—
Flour Confectionery	12	—
Ice Cream	55	5
Jams, Marmalades, etc.	57	—
Lard, Cooking Fat, etc.	58	—
Meat Products (Open and Tinned)	57	1
Milk	1,356	38
Paste (Meat and Fish)	55	—
Sausages (Pork, Beef and Vienna)	172	21
Soft Drinks	46	—
Soups	17	—
Spirits (Whisky, Gin and Rum)	38	1
Sugar and Icing Sugar	3	—
Sugar Confectionery	102	9
Table Jellies	13	—
Tea	13	—
Vinegar	44	—
Miscellaneous (Unclassified Samples) ...	191	1
Total	2,714	78

It has been apparent for some years that the standard of food and drugs on sale has been of a high order and consequently the tendency is for the department to give special attention to new products offered to the public. It would appear that the manufacturers, many of whom employ their own Analysts, contribute much to the high standard of present day foodstuffs.

The position regarding milk has, however, always been somewhat different and it has been the practice to obtain a far greater number

of samples of this commodity as it is more prone to adulteration than any other article of food.

Although the percentage of samples of sausages which were adversely reported upon by the Analyst still remains high, the complaints in the main were of a less serious nature than those in former years. In some cases the presence of preservative was not declared to the customer at the time the purchase was made whilst a number of cautions were issued in respect of sausages in which the meat content was below the minimum amount which in the opinion of the Analyst should be present in genuine sausage. Despite the absence of a standard of compositional quality, the manufacturers appear to have accepted and acted upon the advice of the Public Analyst.

The department was advised of the likelihood of citrus fruits treated with thiourea being imported into the country and accordingly a close watch was kept for the appearance of the brand known to have been found to be so treated. This chemical is lethal to some animals even in very low concentration and its use is therefore open to strong objection on the grounds of toxicity. Some countries use thiourea to offset the ravages of green mould but this chemical comes within the classification of preservatives in this country and its use is not permitted. No oranges of the brand in question were ever observed on sale in this county.

The under-mentioned prosecutions were instituted by the department during the year in respect of offences under the Food and Drugs Acts, 1938-1950 and the Defence (Sale of Food) Regulations, 1943:—

No.	Trade.	Nature of Offence.	Result of Prosecution.
1	Licensee and Tenant	Selling Gin not of the quality demanded	Fined £3 and £4 15s. 0d. costs.
2	Butchers ...	Selling Beef Sausages not of the quality demanded	Fined £20 and £4 18s. 0d. costs.
3	Food Manufacturers	Giving with an article of food a misleading label (two charges)	Fined £20 and £1 15s. 0d. costs.
4	Butcher ...	Selling Pork Sausage Meat not of the quality demanded	Fined £5 and £1 15s. 0d. costs.
5	Farmer ...	Having in his possession for sale for human consumption milk to which water had been added	Fined £5 and £3 3s. 0d. costs
6	Ice Cream Manufacturers	Selling Ice Cream deficient in fat content	Fined £5.
7	Cafe Proprietors	Do. ...	Each Partner fined £10.
8	Farmer ...	Having in his possession for sale for human consumption milk to which water had been added	Fined £5 on each of two charges and £7 10s. 0d. costs.
9	Farmer ...	(1) Exposing milk for sale to which water had been added (2) Having in possession for sale milk to which water had been added	Fined £10 on each of two charges and £26 5s. 0d. costs.
10	Farmer ...	Exposing for sale milk to which water had been added	Fined £10 and £4 4s. 0d. costs.
11	Ice Cream Vendor	Selling Ice Cream deficient in fat content	Fined £8 5s. 0d. and £1 15s. 0d. costs.

WELFARE OF HANDICAPPED PERSONS.

Blind and Partially Sighted.

REGISTRATION.

Both the register of blind and the register of partially sighted showed slight increases over the year.

The age groups of the registered blind were:—

Age Periods.			Males.	Females.	Total.
0— 2	...	...	1	2	3
3— 4	...	...	4	—	4
5—10	...	...	1	1	2
11—15	...	...	3	2	5
16—20	...	...	5	4	9
21—30	...	...	15	8	23
31—39	...	...	16	15	31
40—49	...	...	24	24	48
50—59	...	...	47	31	78
60—64	...	...	37	31	68
65—69	...	...	43	42	85
70 and over	...	...	149	214	363
			345	374	719

The number of children under five registered showed a slight increase. Of 102 registered during the year, 4 were under five, 1 of school age, 18 between 16-59 and 79 were sixty and over.

The number of registered partially sighted increased from 204 to 227, comprising 4 children under five, 13 of school age, 31 aged 16 to 49, and 179 over fifty years of age.

60 of the 66 persons newly registered were over fifty years of age, 2 were babies, one was a child of school age, and 3 were in the 21-49 age group.

About fifty per cent. of the new blind and partially sighted cases were referred by the National Assistance Board, fifteen per cent. by ophthalmologists and medical practitioners, and the remainder by County Council officers, members of voluntary committees and independent individuals. 225 persons were referred to ophthalmic surgeons for examination or re-examination and completion of forms B.D.S.

Cataract was the cause of blindness or defective vision in 36% of the cases registered during the year. Nine of the patients registered blind as a result of cataract did not appear to have sought any specialist advice prior to being referred for examination. Ophthalmologists recommended operative treatment for five of these patients.

There was a marked decrease in the number of patients—six blind and four partially sighted registered as a result of glaucoma, and each had received operative or other hospital treatment, or specialist advice prior to certification.

Vascular diseases, diabetes and other general diseases accounted for about twenty-five per cent. of the registrations.

As far as the children under five were concerned, retrolental fibroplasia was the cause of one blind and one partially sighted child being registered; congenital defects resulted in the registration of two blind and one partially sighted and in the case of the fourth blind child the cause could not be determined.

Patients for whom operative treatment was recommended were on the whole co-operative, and, with the consent of the family doctors, arrangements were made for patients who were not already on a hospital list to receive the hospital treatment prescribed.

Eighteen persons were decertified as a result of undergoing operative treatment; most of these patients had been registered during the preceding years. It is customary to retain the patient's name on the register until about six months after he undergoes operative treatment to give him time to obtain and get used to his glasses. At the end of the year seventeen patients were under hospital supervision pending cataract extraction.

The following table summarises the causes, recommendations and treatment :—

	Cataract.		Glaucoma.		Retrolental Fibroplasia.		Others.	
	Blind	P.S.	Blind	P.S.	Blind	P.S.	Blind	P.S.
Number of cases registered during year	38	23	6	4	1	1	57	38
Recommendations—								
(a) No treatment ...	11	8	4	—	1	1 (Excepting educational)	45	12
(b) Treatment recommended—								
Surgical ...	26	11	—	—	—	—	1	—
Medical ...	1	2	2	3	—	—	10	17
Optical ...	—	2	—	1	—	—	1	9

	Cataract.		Glaucoma.		Retrolental Fibro-plasia.		Others.	
	Blind.	P.S.	Blind.	P.S.	Blind.	P.S.	Blind.	P.S.
Follow up—								
Undergone treatment—								
Surgical	7	—	—	—	—	—	—	—
Medical... ..	1	2	2	3	—	—	10	17
Optical	—	2	—	1	—	—	1	9
Considered by medical practitioners to be inadvisable on medical grounds ...	4	—	—	—	—	—	—	—
Willing to have treatment when eyes are ready or bed becomes available ...	12	8	—	—	—	—	—	—
Died or left County ...	3	—	—	—	—	—	—	—
Not agreeable for treatment, or undecided	—	3	—	—	—	—	1	—

HOME TEACHERS.

The number of visits paid by the home teachers during the year increased to 10,011 compared with 1953 when the staff paid 8,865 visits, because the establishment was maintained at full strength throughout the year. More than twenty-five per cent. of the registered blind suffered from an additional handicap (physical, mental, and partial or total loss of hearing), and many of them required very special attention.

The six handicraft classes for blind and partially sighted were well attended, and in addition handicrafts were taught at home. The blind were encouraged to learn Braille or Moon, and, on becoming proficient, to enrol as members of the National Library for the Blind.

TRAINING, EMPLOYMENT AND REHABILITATION

Seven blind and three partially sighted men and eleven blind and five partially sighted women were in the 16-59 age groups of new registrations. Only two of the blind men were physically suitable for employment, one of whom it was anticipated would be decertified following operative treatment in December. Two of the partially sighted were employed. None of the women was available or capable of full time employment at the time of registration.

The Council continued its arrangement with the Royal National Institute for the Blind for a direct placement service.

Four men and two women received social rehabilitation, one of the men subsequently being transferred to the industrial centre. Another man was sent direct to the industrial unit.

In December the employment position of the registered blind was as follows:—

Employed in Workshops for the Blind	...	...	...	27
Employed as a Home Worker	...	...	...	1
Employed in other capacities	...	...	...	20
Undergoing training...	...	...	...	6
Suitable for training for sheltered employment	...	...	...	2
Suitable for training for open employment	...	...	...	2
Suitable for employment without training	...	...	...	4
Not available for employment 16–59 years	...	...	...	34
Not capable of employment 16–59 years	...	...	...	96

Nineteen partially sighted were employed and four were awaiting training or employment.

The Workshops for the Adult Blind, Newcastle, provided sheltered employment for the blind from the County, and during the year as a means of encouraging trade, an arrangement for a joint marketing scheme between the Newcastle, Middlesbrough and Sunderland workshops was agreed upon.

SOCIAL WELFARE.

A proportion of the collections made by The Royal National Institute for the Blind is allocated to the County Blind Persons Trust Fund which is administered by the Department and used for social purposes. The Fund made grants to the thirteen voluntary committees which provide for the social life of the blind. The eight clubs for the blind in the County met regularly, and in addition to meeting each other in competing in domino matches for the George Challenge Shield, the members of each club competed for an independent club trophy.

Each voluntary committee arranged outings and other functions for the blind in their respective areas, and the Department is indebted to the Right Hon. Viscount Ridley and Lady Ridley, Sir Charles and Lady Trevelyan, and Captain and Mrs. A. M. Keith for placing their grounds at its disposal each year on the occasion of joint outings, which are attended by blind from several County areas.

The Department acts as agent for the British “Wireless for the Blind” Fund, and during the year 46 wireless sets or relay services (including replacement of old sets) were provided.

The Council paid for seventeen blind people to have holidays in holiday homes for the blind.

DEAF AND HARD OF HEARING BLIND.

On 31st December, 16 deaf blind were registered, 7 of the number being without speech. In addition, 98 blind were hard of hearing, and nearly all had been provided with hearing aids under the Nat-

ional Health Service. During the year arrangements were made for twelve additional blind or partially sighted to be tested for aids.

NICHOLAS GARROW HOME.

Miss P. Davison, who had been Matron since the opening of the home, retired during the year.

Building of the extension to provide accommodation for eight additional persons was commenced.

During the year there were 7 permanent admissions, 13 re-admissions and 18 temporary admissions for holiday periods; 3 deaths, 3 discharges of permanent residents and 32 other discharges. By re-arranging the rooms during building operations it was possible to maintain the occupation of an average of 21 beds.

BLIND IN HOSPITALS AND HOMES.

In December, 19 registered blind were living in other establishments maintained by the County Council, 3 were in private homes and 36 in hospitals.

Deaf and Hard of Hearing.

REGISTRATION.

236 persons in the County were registered as deaf on 31st December, 184 of whom were resident in the areas covered by the Mission.

NORTHUMBERLAND AND DURHAM MISSION TO THE DEAF.

The arrangement with the Mission to act as agent for the purpose of carrying out the Council's scheme in the south-east area of the County and a specialist service over the whole County was continued.

During the year visits as follows were paid by the Mission's Officers:—

Home.	Hospital.	Workplaces.	On behalf of Deaf.
529	10	91	369

Seven deaf were successfully placed or re-placed in employment.

The Mission acquired permanent premises at Blyth for social and religious activities, the opening ceremony being performed by the Chairman of the County Council, Alderman N. Garrow, J.P., in September. Blyth is a good central point and is easily accessible for the deaf living in the surrounding districts.

The Mission is also responsible for the spiritual welfare of the deaf and services for them were held at Blyth, Berwick and Newcastle.

DEAF IN NORTH AND WEST.

The home teachers in the north and west who were responsible for visiting the deaf in those areas paid them 182 visits during the year.

HARD OF HEARING.

Morpeth Lipreaders Club ceased to function during the year but a new club was started at Ashington. Grants were made to the newly formed club and also the Newcastle and North Shields Clubs, both of which were attended by hard of hearing persons resident in the County area.

Other Handicapped Persons.

DEVELOPMENT OF SCHEME AND VISITS.

As the Council's scheme for the welfare of the generally handicapped became more widely known, the numbers on the register increased. The experience gained with the development and operation of the scheme has proved it to be a most worth-while service.

A welfare visitor continued to visit the generally handicapped in the south-east area of the County and undertake welfare duties on their behalf, while in the north and west similar duties were undertaken by the Duly Authorised Officers.

The staff gained the confidence of the people under their care, and a relationship akin to the one between blind person and home teacher developed between visitor and physically handicapped person.

Early in the year under review the welfare visitor resigned, and her successor left for domestic reasons after six months. The third visitor appointed and her two predecessors paid an aggregate of 1,671 visits, while 210 visits were paid by the Duly Authorised Officers.

REGISTER.

88 additional handicapped persons were registered during the year and 34 names were removed from the register. In December 387 were registered as compared with 333 at the end of the preceding year.

A classification letter code similar to the one used by the Ministry of Labour and National Service in connection with the Disabled Persons (Employment) Act, 1944, continued to be used and the 387 registered in December were classified as follows:—

A/E	Amputation	...	...	...	...	...	14
F	Arthritis and Rheumatism	...	...	...	...	...	58
G	Congenital Deformities	...	...	...	...	...	28
H/L	Diseases of the digestive and genito-urinary systems ; of the heart or circulatory system ; of the res- piratory system (other than tuberculosis) and of the skin :—						
	Asthma	...	...	...	...	...	9
	Bronchitis and Bronchiectasis	...	...	...	...	...	10
	Valvular disease of the heart, angina pectoris, cardiac degeneration, myo- carditis, rheumatic heart, mitral stenosis	...	...	...	...	...	21
	Gastric and duodenal ulcers	...	...	...	...	...	5
	Miscellaneous	...	...	...	...	...	3

Q/T	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper or lower limbs and of the spine :—				
	Paralysis due to injury or disease ;				
	paraplegia	...	...	...	55
	Osteomyelitis	...	...	...	7
	Muscular atrophy, dystrophy	...	...	...	6
	Miscellaneous injuries	...	...	...	14
					82
V	Organic nervous diseases :—				
	Disseminated sclerosis	...	...	...	28
	Epilepsy	...	...	...	35
	Lateral sclerosis	...	...	...	1
	Parkinsons disease	...	...	...	6
	Poliomyelitis	...	...	...	21
	Cerebral palsy	...	...	...	24
	Cerebral thrombosis, hemiplegia	...	...	...	14
	Encephalitis lethargica	...	...	...	3
					132
U/W	Neurosis, psychosis and other nervous and mental disorders (not included in V)				
		...	...	...	17
Y	Tuberculosis (non-respiratory)				
		...	...	...	2
Z	Miscellaneous				
		...	...	...	6
					387

TRAINING AND EMPLOYMENT.

Placement of the physically handicapped persons in suitable employment continued to be a problem due largely to the extent of heavy industry in the North East. In the rural areas and the north of the County where there is little industry the employment opportunities were extremely limited and there were also transport difficulties to consider.

Four men were sent to Felling Rehabilitation Centre, four men commenced training at Finchale Abbey Training Centre, and one man received training in watch repairing at Portland Training Centre, Mansfield. One young woman trained at a commercial school and was subsequently placed in employment. There is no training centre for disabled women in the North East. During the year three handicapped persons obtained miscellaneous employment and one man commenced business on his own account. Apart from Remploy factories where three registered handicapped men were employed, there were no facilities for sheltered employment in the North East.

SOCIAL.

Arrangements were made for several handicapped persons to be provided with invalid chairs and cars through the National Health Service.

During the year the Department was instrumental in establishing the West Northumberland Voluntary Committee for the Handicapped to cater for the social life of handicapped persons resident in the west of the County. It was decided to incorporate the blind in the area in the plan, as owing to the small number resident in that part of the County it had not been practicable to form a voluntary committee for the blind.

EPILEPTICS AND SPASTICS.

In addition to 35 adult epileptics registered as handicapped, there were 28 ascertained epileptic children including 5 maintained in special schools and 8 ineducable.

The Council contributed towards the maintenance of three women and a youth in epileptic colonies during the year. The youth did not settle and returned home after a period of two months. Only one registered epileptic was in employment, although a few would be capable of light work if it were available.

The 24 registered spastics were over the age of 16. In addition there were 48 ascertained spastic children, 8 of whom were attending special schools; 9 of the children were regarded as ineducable.

OCCUPATIONAL THERAPY.

A second occupational therapist was appointed by the Health Committee and commenced duty in October. It was arranged that part of the therapists' time should be devoted to generally handicapped persons. Of fifteen people visited by the therapists by the end of the year, twelve were found to be suitable for therapy.

TABLES
of
STATISTICS
1954

TABLE 1.

ADMINISTRATIVE COUNTY OF NORTHUMBERLAND.

POPULATION—YEAR 1954.

BOROUGHs :—

Berwick-upon-Tweed	...	...	...	...	...	...	12,570
Blyth	...	...	...	...	...	...	34,370
Morpeth	...	...	...	...	...	...	10,650
Wallsend	...	...	...	...	...	...	49,280
Whitley Bay	...	...	...	...	...	...	32,300
							139,170

URBAN DISTRICTS :—

Alnwick	...	...	...	...	...	...	7,450
Amble	...	...	...	...	...	...	4,800
Ashington	...	...	...	...	...	...	28,420
Bedlingtonshire	...	...	...	...	...	...	29,150
Gosforth	...	...	...	...	...	...	24,540
Hexham	...	...	...	...	...	...	9,380
Longbenton	...	...	...	...	...	...	32,380
Newbiggin-by-the-Sea	...	...	...	...	...	...	9,950
Newburn	...	...	...	...	...	...	23,740
Prudhoe	...	...	...	...	...	...	9,750
Seaton Valley	...	...	...	...	...	...	26,170
							205,730

RURAL DISTRICTS :—

Alnwick	...	...	...	...	...	...	12,240
Belford	...	...	...	...	...	...	5,020
Bellingham	...	...	...	...	...	...	5,250
Castle Ward	...	...	...	...	...	...	15,420
Glendale	...	...	...	...	...	...	7,570
Haltwhistle	...	...	...	...	...	...	7,450
Hexham	...	...	...	...	...	...	20,090
Morpeth	...	...	...	...	...	...	18,000
Norham and Islandshires	...	...	...	...	...	...	4,380
Rothbury	...	...	...	...	...	...	5,580
							101,000

Totals	...	445,900
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TABLE 2.
POPULATION—DISTRIBUTION FOR PURPOSES OF
AREA ADMINISTRATION.

AREA.				POPULATION.
North No. 1	...	...		29,540
North No. 2	...	...		30,070
Central	...	...		67,020
East...	...	...		63,520
South	...	...		76,162
South East...	...	...		90,850
West	...	...		39,458
Wallsend	...	...		49,280
TOTAL				445,900

TABLE 3.
VITAL AND MORTALITY STATISTICS.

YEAR.			Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births.	Principal Infectious Diseases death rate per 1,000 living.	Death rate from Respiratory Tuberculosis per 1,000 living.
1895	...	...	32.59	18.72	156.28	2.29	1.62
1896	...	...	31.75	15.87	136.74	1.46	1.43
1897	...	...	31.57	16.73	150.66	1.69	1.50
1898	...	...	30.88	17.44	169.80	1.99	1.32
1899	...	...	31.46	17.71	173.88	2.29	1.27
1900	...	...	31.24	17.53	160.31	1.73	1.38
1901	...	...	33.22	18.72	183.57	2.80	1.25
1902	...	...	32.76	16.63	126.90	1.40	1.25
1903	...	...	32.58	16.81	145.43	1.58	1.19
1904	...	...	29.42	17.12	168.69	1.99	1.17
1905	...	...	30.41	15.01	133.57	1.26	1.02
1906	...	...	29.09	14.52	136.28	1.51	1.04
1907	...	...	28.25	13.51	112.93	1.03	1.00
1908	...	...	29.46	14.82	146.41	1.28	0.95
1909	...	...	28.43	13.39	106.99	1.03	1.01
1910	...	...	26.91	12.99	114.73	1.01	0.93
1911	...	...	27.48	13.96	136.79	1.94	0.98
1912	...	...	27.05	12.98	93.80	1.02	0.86
1913	...	...	26.43	13.61	111.39	1.28	0.91
1914	...	...	26.61	13.31	113.78	1.33	0.91
1915	...	...	24.42	15.82	122.00	2.04	1.03
1916	...	...	21.91	13.75	101.00	0.84	1.10
1917	...	...	20.39	13.60	101.00	0.97	1.06
1918	...	...	21.54	17.26	101.00	1.07	1.22
1919	...	...	22.14	14.11	102.00	0.92	0.97
1920	...	...	28.30	12.89	90.00	0.76	0.92
1921	...	...	25.50	12.42	95.00	1.01	0.87
1922	...	...	22.54	12.72	87.00	0.41	0.88
1923	...	...	22.56	11.33	76.00	0.74	0.85
1924	...	...	22.18	12.06	83.00	0.40	0.82
1925	...	...	20.88	11.63	82.00	0.67	0.78
1926	...	...	20.02	11.37	77.00	0.53	0.73
1927	...	...	17.90	11.53	77.00	0.27	0.81
1928	...	...	18.37	11.39	67.00	0.28	0.68
1929	...	...	16.79	12.22	81.00	0.65	0.74
1930	...	...	17.13	11.02	62.00	0.23	0.78
1931	...	...	16.66	12.24	77.00	0.41	0.75
1932	...	...	15.94	11.33	67.00	0.25	0.68
1933	...	...	15.42	11.93	71.00	0.31	0.65
1934	...	...	15.48	11.78	69.00	0.43	0.60
1935	...	...	15.60	11.67	71.00	0.32	0.53
1936	...	...	15.26	12.02	70.00	0.30	0.55
1937	...	...	15.16	12.67	66.00	0.26	0.54
1938	...	...	15.00	11.76	64.00	0.31	0.40
1939	...	...	14.80	11.84	55.50	0.20	0.52
1940	...	...	15.00	12.44	59.00	0.17	0.55
1941	...	...	15.07	12.84	74.00	0.25	0.51
1942	...	...	16.39	11.59	54.00	0.20	0.39
1943	...	...	17.61	12.50	56.00	0.18	0.51
1944	...	...	19.87	12.16	48.00	0.21	0.50
1945	...	...	17.58	12.24	50.00	0.17	0.47
1946	...	...	19.74	11.98	48.00	0.13	0.49
1947	...	...	20.66	12.14	43.00	0.13	0.44
1948	...	...	18.04	11.13	40.00	0.09	0.43
1949	...	...	17.52	11.92	36.00	0.08	0.37
1950	...	...	16.69	12.24	36.60	0.08	0.28
1951	...	...	16.46	12.58	32.49	0.07	0.24
1952	...	...	16.08	11.25	29.37	0.08	0.17
1953	...	...	16.90	11.78	28.46	0.08	0.16
1954	...	...	16.26	12.23	27.03	0.06	0.15

TABLE 4.
GENERAL STATISTICS.

	NUMBERS.			RATES.		
	Boro's and Urban Districts.	Rural Districts.	Total for County.	Boro's and Urban Districts.	Rural Districts.	Total for County.
Population ...	344,900	101,000	445,900	—	—	—
Births (Live) ...	5,773	1,477	7,250	16.74	14.62	16.26
Legitimate ...	5,611	1,426	7,037	16.27	14.12	15.78
Illegitimate ...	162	51	213	0.47	0.50	0.48
				(Per 1,000 population)		
Births (Still) ...	152	25	177	25.65	16.64	23.83
Legitimate ...	147	23	170	25.53	15.87	23.59
Illegitimate ...	5	2	7	29.94	37.74	31.82
				(Per 1,000 registered births)		
Births (Live and Still)	5,925	1,502	7,427	17.18	14.87	16.66
Legitimate ...	5,758	1,449	7,207	16.69	14.35	16.17
Illegitimate ...	167	53	220	0.49	0.52	0.49
				(Per 1,000 population)		
Deaths (Total) ...	4,048	1,405	5,453	11.74	13.91	12.23
				(Per 1,000 population)		
Deaths of Infants under 1 year of age	162	34	196	28.06	23.03	27.03
Legitimate ...	157	32	189	27.98	22.44	26.86
Illegitimate ...	5	2	7	30.86	39.21	32.86
				(Per 1,000 live births)		
Deaths of Infants under 4 weeks of age	116	22	138	20.09	14.89	19.03
Legitimate ...	113	20	133	20.13	14.03	18.90
Illegitimate ...	3	2	5	18.52	39.22	23.47
				(Per 1,000 live births)		
Maternal Deaths ...	6	2	8	1.01	1.33	1.08
				(Per 1,000 births—live and still)		

TABLE 5.
BIRTHS (LIVE AND STILL).

COUNTY DISTRICTS.	LIVE.					STILL.					Total Births— Live and Still.
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Boroughs :—											
Berwick ...	118	127	3	5	253	2	—	—	—	2	255
Blyth ...	330	283	15	10	638	5	11	—	—	16	654
Morpeth ...	104	96	5	5	210	5	3	1	—	9	219
Wallsend...	477	466	14	16	973	9	8	1	—	18	991
Whitley Bay ...	211	186	7	8	412	—	5	—	—	5	417
Urban Districts :—											
Alnwick ...	66	59	3	2	130	—	1	1	—	2	132
Amble ...	54	31	—	2	87	1	1	—	—	2	89
Ashington ...	238	208	3	3	452	2	6	—	—	8	460
Bedlingtonshire	264	248	3	9	524	10	7	—	—	17	541
Gosforth ...	176	190	2	2	370	5	2	1	—	8	378
Hexham ...	62	57	1	1	121	2	—	—	—	2	123
Longbenton ...	290	249	6	2	547	11	8	—	—	19	566
Newbiggin-by- the-Sea ...	78	93	5	1	177	6	—	1	—	7	184
Newburn...	194	200	7	5	406	7	7	—	—	14	420
Prudhoe ...	60	53	4	1	118	1	3	—	—	4	122
Seaton Valley ...	167	176	8	4	355	13	6	—	—	19	374
Rural Districts :—											
Alnwick ...	108	89	—	3	200	1	2	—	—	3	203
Belford ...	37	34	—	1	72	1	2	—	—	3	75
Bellingham ...	48	40	1	3	92	1	2	—	—	3	95
Castle Ward ...	110	102	4	5	221	2	1	—	—	3	224
Glendale ...	45	36	2	3	86	2	1	—	—	3	89
Haltwhistle ...	50	39	1	3	93	—	—	—	—	—	93
Hexham ...	146	131	7	3	287	1	2	—	1	4	291
Morpeth ...	159	123	4	5	291	2	1	—	—	3	294
Norham and Islandshires ...	31	22	1	2	56	—	1	—	1	2	58
Rothbury ...	40	36	2	1	79	—	1	—	—	1	80
TOTALS ...	3663	3374	108	105	7250	89	81	5	2	177	7427

TABLE 6.
NOTIFICATIONS OF INFECTIOUS DISEASES.

COUNTY DISTRICTS.	Smallpox.	Enteric Fever.	Paratyphoid Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Measles.	Pneumonia.	Puerperal Pyrexia.	Acute Poliomyelitis.	Acute Polioencephalitis.	Meningococcal Infection.	Ophthalmia Neonatorum.	Food Poisoning.	Dysentery.	Malaria (believed contracted abroad)	TOTALS.
BOROUGHES.																		
Berwick ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Blyth ...	...	—	—	34	73	—	10	50	14	—	1	—	3	—	12	12	—	209
Morpeth ...	...	—	—	7	—	—	4	118	5	1	—	—	1	—	—	27	—	163
Wallsend ...	...	—	—	40	59	—	5	99	65	2	6	—	4	—	1	1	—	282
Whitley Bay ...	...	—	1	13	20	—	2	79	19	—	7	—	1	—	—	2	—	144
URBAN DISTRICTS.																		
Alnwick ...	...	—	—	3	—	—	—	7	3	—	3	—	—	—	—	1	—	17
Amble ...	...	—	—	—	6	—	—	8	1	—	—	—	—	—	1	5	—	21
Ashington ...	...	—	—	3	13	—	3	184	12	—	—	—	1	—	—	2	—	218
Bedlingtonshire	—	2	—	19	36	—	—	252	16	1	1	2	4	—	—	6	—	339
Gosforth...	...	—	—	13	130	—	5	90	15	2	2	—	—	—	2	21	—	280
Hexham ...	...	1	—	5	14	—	1	6	5	1	3	—	2	—	5	24	2	69
Longbenton ...	...	1	1	25	183	—	2	72	18	—	3	—	1	1	—	—	—	307
Newbiggin-by- the-Sea	—	—	—	1	9	—	1	79	15	—	—	—	—	—	—	—	—	105
Newburn ...	...	—	—	20	151	—	7	48	18	—	1	—	1	—	1	10	—	257
Prudhoe ...	...	—	—	16	114	—	1	1	1	1	—	—	—	—	6	47	—	187
Seaton Valley ...	...	—	—	36	38	—	2	52	15	2	3	—	3	—	—	2	—	153
RURAL DISTRICTS.																		
Alnwick ...	...	—	—	9	3	—	—	24	4	—	—	—	—	—	—	1	—	41
Belford ...	...	—	—	5	9	—	—	—	—	—	—	—	—	—	—	—	—	14
Bellingham ...	...	—	—	11	8	—	—	5	—	—	—	—	—	—	—	1	—	25
Castle Ward ...	...	1	—	4	76	—	1	51	4	22	4	—	—	—	—	15	—	178
Glendale...	...	—	—	6	—	—	2	1	11	—	1	—	—	—	—	—	—	21
Haltwhistle ...	...	—	—	5	7	—	2	19	1	—	—	—	—	—	1	—	1	36
Hexham ...	...	—	—	17	74	—	—	45	11	14	—	—	—	—	1	4	—	166
Morpeth ...	...	—	—	3	5	—	2	191	7	—	—	—	—	—	14	6	—	228
Norham and Islandshires	...	—	—	2	1	—	1	—	—	—	—	—	—	—	2	—	—	6
Rothbury ...	...	—	—	6	15	—	—	2	8	—	—	—	—	—	3	—	—	34
TOTALS ...	...	5	2	303	1044	—	51	1483	268	46	35	2	21	1	49	187	3	3500

TABLE 7.

CLASSIFICATION OF DEATHS (Year 1954) ACCORDING TO DISEASE.

	BOROUGH AND URBAN DISTRICTS.			RURAL DISTRICTS.			TOTAL COUNTY.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Tuberculosis (Respiratory)	31	25	56	5	5	10	36	30	66
Tuberculosis (Other) ...	4	2	6	1	—	1	5	2	7
Syphilitic Disease ...	5	1	6	1	—	1	6	1	7
Diphtheria ...	—	—	—	—	—	—	—	—	—
Whooping Cough ...	2	2	4	—	—	—	2	2	4
Meningococcal Infections ...	1	3	4	—	—	—	1	3	4
Acute Poliomyelitis ...	1	—	1	—	—	—	1	—	1
Measles ...	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ...	5	4	9	2	3	5	7	7	14
Malignant Neoplasm—									
Stomach ...	63	46	109	24	20	44	87	66	153
Lung, Bronchus ...	103	14	117	25	3	28	128	17	145
Breast ...	1	50	51	—	20	20	1	70	71
Uterus ...	—	27	27	—	10	10	—	37	37
Other Malignant and Lymphatic Neoplasms ...	199	163	362	70	33	103	269	196	465
Leukaemia, Aleukaemia ...	7	6	13	4	2	6	11	8	19
Diabetes ...	5	17	22	3	6	9	8	23	31
Vascular Lesions of Nervous System ...	308	318	626	129	127	256	437	445	882
Coronary Disease, Angina Hypertension with Heart Disease ...	396	206	602	128	79	207	524	285	809
Other Heart Disease ...	50	41	91	10	14	24	60	55	115
Other Circulatory Disease...	331	389	720	135	159	294	466	548	1014
Influenza ...	72	72	144	37	26	63	109	98	207
Pneumonia ...	5	9	14	6	10	16	11	19	30
Bronchitis ...	65	65	130	13	13	26	78	78	156
Other Diseases of Respiratory System ...	101	50	151	19	16	35	120	66	186
Ulcer of Stomach and Duodenum ...	24	12	36	8	4	12	32	16	48
Gastritis, Enteritis and Diarrhoea ...	16	10	26	13	3	16	29	13	42
Nephritis and Nephrosis ...	4	12	16	1	3	4	5	15	20
Hyperplasia of Prostate ...	17	24	41	6	8	14	23	32	55
Pregnancy, Childbirth, Abortion ...	24	—	24	7	—	7	31	—	31
Congenital Malformations	—	6	6	—	2	2	—	8	8
Other Defined and Ill-Defined Diseases ...	24	20	44	4	3	7	28	23	51
Motor vehicle accidents ...	193	208	401	63	69	132	256	277	533
All other accidents...	28	7	35	6	3	9	34	10	44
Suicide ...	63	58	121	21	16	37	84	74	158
Homicide and operations of war ...	21	11	32	3	2	5	24	13	37
	1	—	1	2	—	2	3	—	3
TOTALS ...	2170	1878	4048	746	659	1405	2916	2537	5453

TABLE 8.

DEATH RATES AND DEATHS FROM CANCER
(EXCLUDING LEUKAEMIA AND ALEUKAEMIA)

YEARS 1940 TO 1954.

YEAR.	POPULATION.	NUMBER OF DEATHS.	RATE PER 1,000 POPULATION.
1940 ...	411,400	648	1.58
1941 ...	407,120	656	1.61
1942 ...	398,300	635	1.59
1943 ...	397,740	686	1.72
1944 ...	390,320	725	1.86
1945 ...	392,510	725	1.84
1946 ...	412,080	712	1.73
1947 ...	417,510	740	1.77
1948 ...	431,850	750	1.74
1949 ...	436,370	796	1.82
1950 ...	438,310	768	1.75
1951 ...	437,600	797	1.82
1952 ...	438,300	843	1.92
1953 ...	440,600	836	1.89
1954 ...	445,900	871	1.95

TUBERCULOSIS.

TABLE 9.

STATISTICS—YEARS 1928 TO 1954.

YEAR.	NOTIFICATIONS.			DEATHS.			DEATH RATE PER 1,000 POPULATION.		
	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms
1928	780	357	1,137	277	107	384	0.68	0.26	0.94
1929	722	265	987	301	108	409	0.74	0.26	1.00
1930	730	282	1,012	321	89	410	0.78	0.22	1.00
1931	642	272	914	309	100	409	0.75	0.25	1.00
1932	592	247	839	279	93	372	0.68	0.23	0.91
1933	519	195	714	268	81	349	0.65	0.20	0.85
1934	502	212	714	249	85	334	0.60	0.21	0.81
1935	378	207	585	218	77	295	0.53	0.19	0.72
1936	392	165	557	224	66	290	0.55	0.16	0.71
1937	338	149	487	219	78	297	0.54	0.19	0.73
1938	347	190	537	164	64	228	0.40	0.16	0.56
1939	288	130	418	216	58	274	0.52	0.14	0.66
1940	343	111	454	226	58	284	0.55	0.14	0.69
1941	346	116	462	208	51	259	0.51	0.13	0.63
1942	298	116	414	156	36	192	0.39	0.09	0.48
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43
1950	519	116	635	124	26	150	0.28	0.06	0.34
1951	523	87	610	105	18	123	0.24	0.04	0.28
1952	519	91	610	77	15	92	0.17	0.04	0.21
1953	480	111	591	71	12	83	0.16	0.03	0.19
1954	556	101	657	66	7	73	0.15	0.01	0.16

TABLE 10.

NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS
DURING THE YEAR 1954.

AGE PERIODS.			* NEW CASES.						DEATHS.					
			Respiratory.			Non- Respiratory.			Respiratory.			Non- Respiratory.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	...	...	—	—	—	—	1	1	—	—	—	—	—	—
1—	...	...	5	4	9	7	3	10	—	—	—	1	—	1
5—	...	...	23	24	47	11	11	22	—	—	—	—	—	—
15—	...	...	190	217	407	18	33	51	10	16	26	2	—	2
45—	...	...	62	17	79	4	10	14	18	9	27	1	2	3
65 and upwards...			9	5	14	2	1	3	8	5	13	1	—	1
TOTALS	...		289	267	556	42	59	101	36	30	66	5	2	7

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.

TABLE 11.
MASS MINIATURE RADIOGRAPHY.

AREA.	MINIATURE FILMS.			LARGE FILMS.			TUBERCULOSIS (Newly discovered).						Referred to Industrial Health Department.		Referred to Thoracic Surgery Department.	
	M.	F.	Total.	M.	F.	Total.	Active.		Inactive.		Inactive Post Primary.		M.	F.	M.	F.
							M.	F.	M.	F.	M.	F.				
1.—Wallsend ...	6,573	3,163	9,736	184	39	223	11 0·16%	2 0·06%	251	97	26	14	2	—	4	—
2.—Whitley Bay ...	1,345	2,232	3,577	21	31	52	2 0·14%	2 0·09%	77	80	17	23	—	—	—	—
3.—Bedlington ...	1,486	837	2,323	70	12	82	—	—	54	21	4	3	47*	—	—	—
4.—Ashington ...	262	256	518	5	2	7	1 0·38%	1 0·38%	11	6	—	2	—	—	—	1
5.—Blyth ...	950	662	1,612	30	13	43	3 0·31%	—	56	24	10	6	—	—	—	—
6.—Morpeth ...	495	453	948	14	5	19	2 0·40%	—	40	12	1	4	—	—	—	—
7.—Seaton Delaval ...	294	254	548	18	11	29	—	1 0·34%	18	10	10	4	2	1	1	—
8.—Otterburn ...	378	382	760	5	2	7	—	—	33	25	1	—	—	—	—	—
9.—Alnwick ...	27	112	139	—	1	1	—	—	1	11	1	—	—	—	—	—
10.—Hexham ...	3	78	81	—	1	1	—	1 1·2%	1	1	—	—	—	—	—	—
11.—Haydon Bridge ...	207	238	445	8	4	12	—	—	9	12	1	—	—	1	—	—
12.—Prudhoe ...	769	499	1,268	27	11	38	3 0·39%	—	22	6	2	1	—	—	—	—
13.—Mental Hospitals ...	2,411	2,072	4,483	73	51	124	7 0·29%	1 0·04%	43	44	11	11	—	—	—	1
14.—Approved Schools ...	138	124	262	5	1	6	—	—	15	2	—	—	—	—	—	—
TOTAL	15,338	11,362	26,700	460	184	644	29 0·18%	8 0·07%	631	351	84	68	51	6	2	2

* Films taken at request of Department of Industrial Health.

CARE AND AFTER-CARE.

TABLE 12.

WORK OF THE ALMONERS.

Home visits	...	...	...	...	...	...	...	497
Sanatorium visits	...	...	...	...	...	...	...	1,025
Seen at chest clinics	...	...	...	...	...	...	...	1,555

Details of help given :—

After-Care Sub-Committees :	Milk, etc.	...	...	...	374
	Bedding	...	...	...	39
	Clothing	...	...	...	81
National Assistance Board :	Allowances	...	...	...	246
	Clothing	...	...	...	70
	Bedding	...	...	...	28
	Extra Food	...	...	...	16
	Travelling expenses	...	...	...	22

Resettlement :—

To Ministry of Labour	...	...	...	...	197
To Government Training Centre or Rehabilitation Unit	...	...	...	...	32
To Employment	...	...	...	...	112
To Resettlement Clinics	...	...	...	...	31
To Papworth, Preston Hall and Egham	...	...	...	...	4
To Convalescent Holiday	...	...	...	...	58

Other help :—

Housing advice, correspondence courses and other financial matters assisted by voluntary funds of after-care committees.

TABLE 13.
CONVALESCENCE.

	Shoreston Hall.		Boarbank Hall.		Shotley Bridge.		St. Margaret's, Howick.		Gorleston Holiday Camp.		Percy House Nursing Home, Neville's Cross.		P.C.H.A., Whickham.		Grange-over-Sands.		Craven Lodge, Harrogate.		Brentwood Reconvalescent Centre, Marple.		Whitburn.		TOTALS.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Ch.	F.	Ch.	F.	Ch.	M.	F.	Ch.	Totals
Number of patients in residence on 1st January, 1954	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	3	
	25	14	3	9	5	19	—	—	1	—	—	1	—	—	1	—	—	—	2	7	6	37	52	8	97		
	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
	25	14	3	11	7	19	—	—	1	—	—	1	—	—	1	—	—	—	2	7	6	39	54	8	101		
Received convalescence during year :— Tubercular : Adults Children	25	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25	14	—	39		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	3	11	7	19	—	—	1	—	—	1	—	—	1	—	—	—	—	2	7	6	13	40	—	53	
	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	9	9	
TOTAL ...	25	14	3	11	7	19	—	—	1	—	—	1	—	—	1	—	—	—	2	7	6	38	54	9	101		
	1078	392	49	142	71	327	—	14	7	—	—	21	35	—	14	—	—	—	28	56	68	59	1268	992	115	2375	
Total number of convalescent days	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Number of patients in residence on 31st Dec., 1954	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

MATERNITY AND CHILD WELFARE DENTAL SERVICE.

TABLE 14.

EXPECTANT AND NURSING MOTHERS.—Number provided with Dental Care.

	1948.	1949.	1950.	1951.	1952.	1953.	1954.
Number examined ...	1,376	2,150	1,567	1,220	1,621	1,787	1,850
Needing treatment ...	1,344	1,792	1,306	1,017	1,434	1,500	1,543
Treated ...	1,280	1,362	1,089	813	1,211	1,251	1,287
Attendances ...	4,907	5,027	4,257	3,044	4,364	5,251	5,636
Made dentally fit ...	1,180	867	834	532	719	890	956

PRE-SCHOOL CHILDREN—Number provided with dental Care.

	1948.	1949.	1950.	1951.	1952.	1953.	1954.
Number examined ...	778	1,698	2,209	2,346	2,601	2,621	2,519
Needing treatment ...	759	1,496	1,841	2,040	2,295	2,283	2,113
Treated ...	723	1,362	1,536	1,813	2,044	1,860	1,765
Attendances ...	1,065	2,055	2,317	3,140	3,586	3,285	3,109
Made dentally fit ...	709	1,235	1,330	1,704	1,725	1,765	1,707

EXPECTANT AND NURSING MOTHERS.—Forms of treatment provided.

	1948.	1949.	1950.	1951.	1952.	1953.	1954.
Extractions...	4,949	4,841	3,767	2,797	4,577	5,401	5,227
Anaesthetics:—							
Local ...	Not av'able	1,802	2,094	1,597	2,088	2,772	2,377
General ...	208	154	79	71	174	181	261
Fillings ...	782	1,042	1,090	873	1,272	1,464	1,699
Scalings or scaling and gum treatment ...	Not av'able	353	615	356	342	387	391
Silver nitrate treatment ...	Do.	28	53	34	56	46	65
Dressings ...	Do.	177	314	110	125	71	282
Radiographs...	28	36	32	46	65	42	191
Dentures:—Complete ...	*817	578	430	280	386	526	537
Partial ...	—	230	258	308	250	244	226
Repaired ...	123	119	53	49	71	33	57

* Complete and partial.

Pre-SCHOOL CHILDREN.—Forms of treatment provided.

	1948.	1949.	1950.	1951.	1952.	1953.	1954.
Extractions...	1,596	2,816	3,247	4,801	5,088	4,517	4,342
Anaesthetics:—							
Local ...	Not av'able	220	187	156	127	112	82
General ...	397	823	690	1,309	1,453	1,440	1,237
Fillings ...	91	302	391	588	733	672	888
Scalings or scaling and gum treatment ...	Not av'able	41	76	82	90	98	18
Silver nitrate treatment ...	Do.	699	656	951	1,103	955	1,216
Dressings ...	Do.	119	141	98	108	103	116
Radiographs...	4	5	10	7	25	2	10
Dentures:—Complete ...	Nil	Nil	Nil	5	12	7	6
Partial ...	Nil	Nil	Nil	1	Nil	3	2
Repairs ...	Nil	Nil	Nil	Nil	Nil	1	Nil

MIDWIFERY AND HOME NURSING SERVICE.

TABLE 15.

Year.	Nurses and Midwives employed.	Private Midwives in County.	M I D W I F E R Y.							
			Attended by Midwives.	Attended by Private Midwives.	Gas/Air Analgesia.	Pethidine.	Nursing Visits.	Ante-natal Visits.	Post-natal Visits.	Puerperal Pyrexia.
1948	138	23	3,853	455	572	—	N.A.	21,715	8,998	28
1952	127	13	2,171	421	1,108	—	45,401	16,969	7,646	40
1953	124	17	2,284	392	1,141	901	50,735	17,073	6,839	25
1954	118	14	2,380	364	1,353	1,187	53,751	14,280	5,373	46

GENERAL NURSING.

Year.	New Cases.				Visits to All Cases.				Old Persons over 65 years.		Children under 5 years.	
	Medical.	Surgical.	Others.	Total.	Medical.	Surgical.	Others.	Total.	Cases.	Visits.	Cases.	Visits.
1948	5,209	5,634	N.A.	10,843	N.A.	N.A.	N.A.	N.A.	—	—	—	—
1952	6,957	5,117	N.A.	12,074	155,906	69,359	N.A.	237,492	—	—	—	—
1953	7,144	4,725	835	12,704	169,826	67,312	15,966	253,104	3,116	—	1,006	—
1954	6,728	4,422	1,068	12,218	157,283	63,221	13,904	234,408	4,104	68,482	944	3,262

AMBULANCE SERVICE.

TABLE 16.

AMBULANCES AND SITTING CASE CARS

AREA.	FIRST QUARTER.			SECOND QUARTER.			THIRD QUARTER.			FOURTH QUARTER.			TOTAL.		
	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.
North No. 1	564	1,287	28,838	529	1,277	27,273	545	1,253	32,684	517	1,052	30,195	2,155	4,869	118,990
North No. 2	549	1,612	28,952	578	1,674	29,311	619	1,819	33,688	590	1,867	32,452	2,336	6,972	124,403
Central	2,012	7,817	67,473	2,088	7,701	70,691	2,062	7,653	68,898	1,962	8,343	68,060	8,124	31,514	275,122
East	1,437	6,216	41,205	1,442	6,086	40,908	1,402	6,101	41,798	1,348	6,606	42,108	5,629	25,009	166,019
South	2,136	8,090	50,512	2,050	7,314	46,492	1,997	7,244	46,522	1,583	7,567	46,031	7,766	30,215	189,557
South	2,212	10,134	69,095	2,140	9,371	64,860	2,160	10,014	70,123	2,087	11,089	70,600	8,599	40,608	274,678
Wallsend	1,673	6,554	21,998	1,541	6,212	19,628	1,387	5,941	19,407	1,430	6,361	20,892	6,031	25,068	81,925
West	1,227	4,428	42,028	1,152	4,216	44,188	1,256	4,236	44,759	1,269	4,540	48,686	4,904	17,420	179,661
Total	11,810	46,138	350,101	11,520	43,851	343,351	11,428	44,261	357,879	10,786	47,425	359,024	45,544	181,675	1,410,355

AMBULANCE CAR SERVICE.

North No. 1	133	335	9,637	117	313	8,845	132	383	9,683	122	331	7,932	504	1,362	36,097
Central	51	190	2,048	54	218	2,232	78	377	3,694	111	520	5,179	294	1,305	13,153
West	207	697	10,259	206	806	9,518	250	936	13,182	261	903	14,285	924	3,342	47,244
Total	391	1,222	21,944	377	1,337	20,595	460	1,696	26,559	494	1,754	27,396	1,722	6,009	96,494
Total Ambulance Service	12,201	47,360	372,045	11,897	45,188	363,946	11,888	45,957	384,438	11,280	49,179	386,420	47,266	187,684	1,506,849

J—Journeys. P—Patients. M—Mileage.

TABLE 17.
AMBULANCE SERVICE MILEAGE.

Service.	North No. 1.	North No. 2.	Central.	East.	South- East.	South.	Wallsend.	West.	Total.
Direct ...	50,510	62,298	275,122	166,019	189,557	274,678	81,925	—	1,100,109
British Red Cross Society ...	68,480	—	—	—	—	—	—	131,298	199,778
St. John Ambulance Brigade ...	—	—	—	—	—	—	—	47,385	47,385
Agents ...	—	62,105	—	—	—	—	—	978	63,083
Total Ambulances...	118,990	124,403	275,122	166,019	189,557	274,678	81,925	179,661	1,410,355
Ambulance Car Service ...	36,097	—	13,153	—	—	—	—	47,244	96,494
Total Service ...	155,087	124,403	288,275	166,019	189,557	274,678	81,925	226,905	1,506,849

HOME HELP SERVICE.

TABLE 18.

Areas.	Number of cases assisted.		Home Helps employed at 31st December.	
	44 hours per week.	Less than 44 hours per week.	44 hours per week.	Less than 44 hours per week.
North No. 1	15	81	2	27
North No. 2	27	230	1	73
Central	25	373	12	89
East	10	364	5	101
South	81	512	5	158
South-East	31	567	5	79
Wallsend	19	241	2	76
West	21	211	3	71
Central Pool of Mobile Staff, ...	35*	2*	2	1
TOTALS	264	2,581	37	675

* Cases assisted in North No. 1 and No. 2 Areas not included.

MENTAL HEALTH SERVICE.

TABLE 19.

SUMMARY OF VISITS AND ADMISSIONS MADE BY AUTHORISED OFFICERS.

District.	Area (Acres).	Popula- tion (Esti- mated)	Mental Deficiency Visits.					Lunacy and Mental Treatment Cases.				
			Super- vision	Li- cence	Guar- dian- ship	New Cases	Mis- cella- neous	Total.	Lunacy Act, 1890 Sec. 20 (3 Day Order)	Lunacy Act, 1890 Sec. 16 (Certi- fied).	Section 20, later Sec. 16	Total.
Alnwick	340,856	33,855	169	—	1	6	7	183	13	1	8	22
Ashington	97,828	96,170	347	6	3	24	4	384	39	3	30	72
Berwick	167,216	25,755	184	—	—	3	4	191	10	3	10	23
Blyth ...	22,059	92,840	371	—	4	47	64	486	50	1	35	86
Hexham	548,822	51,920	97	—	—	6	5	108	29	6	14	49
South North- umberland	99,424	145,360	554	1	7	23	37	622	68	13	40	121
Total	1,276,205	445,900	1,722	7	15	109	121	1,974	209	27	137	373

TABLE 20.

MENTAL DEFECTIVES.

	On 31st December, 1954.			On 31st December, 1953.		
	M.	F.	T.	M.	F.	T.
(i) In Hospitals (including Licence cases)						
Under 16 years	43	25	68	37	19	56
Over 16 years	180	239	419	175	244	419
(ii) In State Managed Hospitals—						
Over 16 years	10	4	14	10	4	14
(iii) Under Guardianship—						
Over 16 years	1	2	3	1	2	3
Total Number of Cases under Order	234	270	504	223	269	492
(iv) Under Statutory Supervision—						
Under 16 years	104	68	172	103	70	173
Over 16 years	213	215	428	210	207	417
(v) Under Friendly Supervision—						
Over 16 years	27	43	70	33	42	75
Total Number of Cases under Super- vision	344	326	670	346	319	665
(vi) In Places of Safety	—	1	1	—	1	1
Total Number of Cases under Care	578	597	1,175	569	589	1,158
Cases awaiting hospital accommoda- tion (included above)	54	43	97	60	41	101
Mental Defectives attending Occupa- tion Centre (included above)—						
Under 16 years	26	11	37	20	9	29
Over 16 years	1	13	14	3	13	16
Total	27	24	51	23	22	45
	During 1954.			During 1953.		
Ascertainment—						
(i) Reported by Local Education Authority	16	16	32	26	15	41
(ii) Reported from other sources	14	27	41	20	41	61
Total	30	43	73	46	56	102
Admissions to Hospitals under Order	16	13	29	18	10	28
Short term admissions to Hospitals (Ministry of Health Circular 5/52)	25	25	50	13	9	22

ICE CREAM SAMPLES.

TABLE 21.

COUNTY DISTRICTS.					GRADES.				Total.
					I.	II.	III.	IV.	
Boroughs :—									
Berwick-on-Tweed	...	...	...	...	23	1	2	2	28
Blyth	...	...	...	...	18	4	3	3	28
Morpeth	...	...	...	...	6	—	—	—	6
Wallsend	...	...	...	...	14	—	—	—	14
Whitley Bay	...	...	...	...	14	1	1	1	17
Urban Districts :—									
Alnwick	...	...	...	...	—	—	—	—	—
Amble	...	...	...	...	1	—	—	2	3
Ashington	...	...	...	...	1	—	1	—	2
Bedlington	...	...	...	...	33	2	4	1	40
Gosforth	...	...	...	...	21	2	3	1	27
Hexham	...	...	...	...	14	—	—	—	14
Longbenton	...	...	...	...	7	—	—	—	7
Newbiggin-by-the-Sea	...	...	...	...	—	—	—	—	—
Newburn	...	...	...	...	8	1	—	1	10
Prudhoe	...	...	...	...	5	1	—	—	6
Seaton Valley	...	...	...	...	63	3	1	—	67
Rural Districts :—									
Alnwick	...	...	...	...	—	—	—	—	—
Belford	...	...	...	...	—	—	—	—	—
Bellingham	...	...	...	...	5	—	—	—	5
Castle Ward	...	...	...	...	4	—	—	—	4
Glendale	...	...	...	...	—	—	—	—	—
Haltwhistle	...	...	...	...	11	3	1	1	16
Hexham	...	...	...	...	15	—	—	—	15
Morpeth	...	...	...	...	—	—	—	—	—
Norham and Islandshires	...	...	...	...	—	—	—	—	—
Rothbury	...	...	...	...	—	—	—	—	—
TOTALS					263	18	16	12	309
PERCENTAGES					85.1	5.8	5.2	3.9	

HOUSING.

TABLE 22.

COUNTY DISTRICTS.	HOUSES COMPLETED DURING 1954.				Total 1953.	Houses dis- continued as dwellings.
	Local Authority.	Other Housing Authority.	Private.	Total.		
Boroughs :—						
Berwick-on-Tweed	63	—	7	70	83	34
Blyth ...	125	—	85	210	337	70
Morpeth ...	35	—	3	38	115	4
Wallsend ...	282	—	16	298	338	24
Whitley Bay ...	29	—	116	145	110	12
Urban Districts :—						
Alnwick ...	12	—	6	18	59	16
Amble ...	18	—	9	27	20	3
Ashington ...	100	—	3	103	65	15
Bedlington ...	182	—	11	193	208	133
Gosforth ...	122	—	52	174	200	—
Hexham ...	26	2	7	35	45	9
Longbenton ...	270	632*	174	1076	517	36
Newbiggin-by- the-Sea ...	48	—	—	48	80	2
Newburn... ..	102	343*	14	459	463	5
Prudhoe ...	—	—	18	18	25	8
Seaton Valley ...	283	—	13	296	149	216
Rural Districts :—						
Alnwick ...	88	34	13	135	136	5
Belford ...	14	—	13	27	62	3
Bellingham ...	38	91	4	133	112	—
Castle Ward ...	150	2	188	340	344	31
Glendale ...	46	—	10	56	48	—
Haltwhistle ...	—	7	3	10	51	9
Hexham ...	77	—	30	107	55	8
Morpeth ...	82	—	13	95	96	71
Norham and Islandshires ...	—	—	3	3	9	—
Rothbury ...	20	—	2	22	25	—
TOTALS ...	2,212	1,111	813	4,136	3,752	714

* Newcastle upon Tyne Corporation.

TABLE 23.

IMPROVEMENT GRANTS—HOUSING ACT, 1949.

COUNTY DISTRICTS.	Applications dealt with during 1954.		
	Submitted to Local Authority.	Approved by Local Authority.	Total to date 1949-1954 (inclusive)
Boroughs :—			
Berwick-on-Tweed ...	10	7	19
Blyth	—	—	—
Morpeth	10	9	77
Wallsend	2	2	2
Whitley Bay	1	—	—
Urban Districts :—			
Alnwick	11	10	20
Amble	9	9	17
Ashington	32	30	30
Bedlington	26	21	42
Gosforth	5	—	—
Hexham	15	15	17
Longbenton	10	10	63
Newbiggin-by-the-Sea ...	25	24	158
Newburn	28	20	81*
Prudhoe	6	—	20
Seaton Valley	5	—	—
Rural Districts :—			
Alnwick	63	59	90
Belford	24	23	52
Bellingham	15	15	17
Castle Ward	136	136	169
Glendale	66	66	208
Haltwhistle	22	23	59
Hexham	92	92	137
Morpeth	26	32	74
Norham and Islandshires ...	50	50	78
Rothbury	41	41	109
TOTAL	730	694	1,539

* Includes 33 Council houses.

WELFARE OF BLIND AND OTHER HANDICAPPED PERSONS.

TABLE 24.

REGISTER OF BLIND PERSONS.

Total, 31st December, 1953	...	...	...	...	...	...	...	707
Names added to register :—								
New cases	...	...	...	...	...	...	...	84
Transferred from Partially Sighted	...	...	...	...	...	...	...	18
Transfers In	...	...	...	...	...	...	...	21
Recertification	...	...	...	...	...	...	...	1
								124
								831
Names removed from register :—								
Deaths	...	...	...	...	...	...	...	77
Decertified	...	...	...	...	...	...	...	20
Transfers Out	...	...	...	...	...	...	...	15
								112
								719
							TOTAL	

REGISTER OF PARTIALLY SIGHTED.

Total, 31st December, 1953	...	...	...	...	...	...	...	204
Names added to register :—								
New cases	...	...	...	...	...	...	...	61
Transferred from Register of Blind	...	...	...	...	...	...	...	5
Transfers In	...	...	...	...	...	...	...	4
								70
								274
Names removed from register :—								
Deaths	...	...	...	...	...	...	...	21
Transfers to Register of Blind	...	...	...	...	...	...	...	19
Decertified	...	...	...	...	...	...	...	6
Transfers Out	...	...	...	...	...	...	...	1
								47
								227
							TOTAL	

HOME TEACHERS' VISITS.

Social welfare (blind)	...	...	...	...	...	...	...	7,188
Social welfare (partially sighted)	...	...	...	...	...	...	...	1,087
To give lessons	...	...	...	...	...	...	...	550
To investigate new applications	...	...	...	...	...	...	...	223
To accompany patients to hospital, etc.	...	...	...	...	...	...	...	28
Special visits	...	...	...	...	...	...	...	811
To homes and hospitals	...	...	...	...	...	...	...	124
								10,011

(In addition, home teachers in the North and West paid 182 visits to deaf persons.)

CHILDREN.

On 31st December, the children on the registers were classified as follows :—

	Blind.	Partially Sighted.
Under 5	7	4
5—15 :—		
Attending special schools	5	10
Attending other schools	—	3
Not at school (other defects)	1	—
Ineducable	1	—
	<u>14</u>	<u>17</u>

REGISTER OF GENERAL HANDICAPPED.

Total on register, 31st December, 1953	333
New cases	88
	<u>421</u>
Names removed from register :—	
Deaths	11
Transfer to register of blind	1
Left district and miscellaneous removals from register	22
	<u>34</u>
TOTAL	<u><u>387</u></u>